County Borough of West Hartlepool.

ANNUAL REPORT

upon the

Health of West Hartlepool

FOR THE YEAR 1929

BY

GORDON LILICO,

M.B., Ch.B., D.P.H.,
MEDICAL OFFICER OF HEALTH,
TUBERCULOSIS OFFICER,
SCHOOL MEDICAL OFFICER.

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County Borough of West Hartlepool.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1929.

PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
WEST HARTLEPOOL,
APRIL, 1930.

To the Mayor, Aldermen and Councillors of the
County Borough of West Hartlepool.

MR. MAYOR, ALDERMEN AND COUNCILLORS.

I beg to present to you my Annual Report, giving a review of the health conditions which have existed during the year 1929. The promise of better trade which seemed evident at the end of 1928 has not materialised and 1929 has shown a retrogression rather than an advance. What applies to trade, applies equally to Health. The past has proved to be one of the worst during the post-war period. We have been visited with several serious outbreaks of disease which have taken their toll of both the younger and older members of the community, and apart altogether from the fatalities which have occurred the wave of sickness has seriously interfered with the economic circumstances of a people who are not in a position to withstand the strain. The only bright star in a darkened hemisphere has been the plentiful supply of water during the summer months, when the greater part of the country were existing on rationed supplies.

GENERAL INFORMATION.

(*Appendix* 2).

The Registrar General has again made a reduction in estimating our population bringing us to 69,370 as against 69,800 for 1928 and only showing an increase of 729 since the 1921 census. These figures compare unfavourably with our natural increases of births over deaths during the ensuing period, but we have no statistics which the Registrar General may have relating to immigration and emigration which may have considerable bearing on the estimate. For record purposes however, we must take the figures of the Registrar General in determining our various rates.

While our birth rate is still considerably higher than that for the country as a whole, there has been a decrease in our number of births and our birth rate. The number of marriages has gone up considerably and shows the highest figure since 1920. With the prevalence of serious disease in the town during the year there has been in consequence a big increase in the number of deaths for all ages and our rate for infantile deaths has been exceptionally high, thus comparing most unfavourably with our record low infantile death rate of the previous year.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Hospitals.—

1. *Infectious Diseases.* We still continue to make use of the Port Sanitary Isolation Hospital for the treatment of Infectious diseases. That the present hospital should be given up as soon as possible is, I think, admitted by all who have been inside it and know anything at all about hospitals and the care of the sick. What finally brought our views of enlightenment to some of the "waverers" was the outbreak of enteric fever which occurred amongst the diphtheria and scarlet fever cases and the unfortunate loss of life which resulted from the outbreak. Such a position was bound to occur sooner or later and it is unfortunate to say the least of it, that we should have to wait for such an event before the majority of the people's representatives will vote in favour of spending the money required to erect an institution in keeping with the size and standing of a County Borough such as West Hartlepool.

Both at the beginning and the end of the year, we had outbreaks of diphtheria, a disease which requires good nursing if satisfactory results

are to be obtained, yet we were compelled to keep a large number of the cases at home, cases which should have been in hospital, because of insufficient accommodation in the institution.

Once again plans have been got out for a new building on the Corporation's site, and these were sent back by the Ministry of Health in November for amendment. It is apparent that while the Ministry are anxious that we should have a modern and up-to-date hospital they do not propose to allow the Corporation to spend money on erections which they do not consider to be essential. At the time of going to press (March) no further advance has been made, but I understand that amended plans will again be sent for approval in the near future.

2. *Smallpox.* Our arrangement for the treatment of smallpox cases at the Middlesbrough Smallpox Hospital still continues. In the event of a new isolation hospital being built it might be possible to convert at a small cost, the present Port Sanitary Hospital into a smallpox hospital.

3. *Tuberculosis.* The Corporation do not possess any institution for the treatment of tuberculosis and in consequence have to send their cases to Barrasford (Newcastle Corporation) and Stannington (Voluntary Institution). Advanced cases are sent to the Howbeck Infirmary and surgical and 'light'' treatment cases to the Hartlepools Hospital.

4. *Maternity Hospitals.* The Corporation possess an up-to-date maternity home of sixteen beds. In addition they have erected in the grounds a small block of two beds for isolation purposes.

5. *Children.* There is no hospital especially set apart for children but the Hartlepools Hospital have a ward for that purpose and the Cameron Hospital propose building an additional wing at an early date.

6. *Venereal Diseases.* The Corporation have their own venereal diseases centre at Mill House dispensary and it is there that the majority of patients not requiring private treatment are catered for. Patients requiring in-patient treatment are sent to the Howbeck Infirmary and the Corporation are responsible for the fee.

7. Unmarried mothers and illegitimate children have not had any special institutional provisions made for them.

8. *Clinics, etc.* (*Appendix* 31). The corporation own a building known as Mill House, Stranton, which consists of two storeys which are used for the purpose of clinics. The upper floor is used entirely by the Education Authority for eyes, dental and minor ailment purposes. There is a small waiting room which is quite inadequate for the purpose. On the ground floor the same waiting and consulting rooms are used for the treatment of venereal diseases and tuberculosis. It would be a much more satisfactory arrangement if the school authorities could extend their premises at the Education Offices and remove their clinics there, where suitable waiting room and more up-to-date clinics could be provided. In the event of that taking place, the upper floor at Mill House could be used for tuberculosis and the lower for venereal diseases. I do not think the present system of using the same rooms for both diseases is in the best interests of public health.

The Child Welfare Centres, of which there are four, are held in Mission and Church Halls in various parts of the town. The old Alice Street Mission Hall was given up at the end of the year and larger and more satisfactory premises were obtained in Oxford Street. The ante-natal clinic is held in the isolation block at Grantully.

Public Health Staff (*Appendix* 1).

A number of changes in the staff have taken place. Dr. Wall was appointed as Medical Officer to Tipton and his place was filled by Dr. Dunlop, Assistant Medical Officer, Kirkcaldy. I regret to report that Dr. Swanwick who until recently was employed as a part time assistant School Medical Officer, died shortly after his retirement. Three of the Health Visitors, Misses Bradshaw, Brennan and Smith, resigned to take up other positions and appointments were made in their places. Miss E. Wilkinson returned to duty after being absent on sick leave for one year, and I trust she will continue to retain the progress she has made towards better health. Miss Peacock was granted six months leave in order to study for her Health Visitor's Certificate and a deputy was appointed in her place. Other changes took place amongst the lower positions both at Grantully and in the Health Department.

While one is glad to see various individuals bettering their position, the continuous changing of staff in a department breaks up the continuity of service which is essential to good administration and retards progress in the work.

Professional Nursing in the Home. No alteration has been made in the previous arrangements regarding this service. One of the nurses attends cases of pneumonia or complicated pregnancy and carries out treatment under the instructions of the general practitioners concerned. The health visitors do similar work regarding cases of ophthalmia neonatorum.

Apart from these cases the local Nursing Association provide two nurses for the care of general cases.

Midwives (*Appendix* 32). The number of midwives who notified their intention of practising is one less than last year, making a total of fourteen, excluding the staff at Grantully.

Registration of Nursing Homes. The two homes registered in the town are carried on in a satisfactory manner. No new applications for registration have been made or refused.

SANITARY CIRCUMSTANCES OF THE AREA.

Water. (*Appendix* 62). No alteration has been made in the type of water supplied to the town. The Hartlepool Gas and Water Company are still the suppliers and they give a hard domestic water and a soft unfiltered trade water. In addition the majority of the houses have tanks which collect rain water from the roofs and this is used as the domestic soft water supply.

In spite of the extreme drought during the last summer, the supply of water in the Hartlepools was in no way curtailed. This apparent unlimited supply of water is a great asset.

Drainage and Sewerage. No important alterations have been made during the year, but large schemes are in the making for additional and extended sewerage. The means of disposal will continue to be the sea.

Closet Accommodation. With the exception of about a dozen houses principally in the neighbourhood of the docks, all houses are supplied with the water carriage system.

Scavenging and Refuse Disposal. (*Appendix* 50). The mode of collection of refuse remains as before and we still receive a number of complaints about the amount of dust scattered during the transfer of the dustbin contents to the carts.

A certain portion of the refuse is burnt in the incinerators but the major portion is conveyed to tips. Latterly owing to complaints people have been employed sorting this refuse and removing paper and other articles liable to be scattered by the wind.

Sanitary Inspection of the Area. (*Appendices* 51 *and* 52). A statement showing the number of premises visited, the defects and nuisances discovered and the action taken in regard to these, is furnished in the appendices.

There are only two inspectors employed for a population of approximately 70,000 and their work also includes meat inspection and infectious diseases. With the number of new orders and regulations which have been introduced through legislation it is impossible that the work can be carried out by two men, and the Council must consider in the near future the appointment of additional staff.

Smoke Abatement. In view of the attitude of the Council towards the introduction of bye-laws relating to smoke abatement, the whole subject has become a dead letter.

Premises and Occupations which can be Controlled by Bye-laws or Regulations. (*Appendices* 63 *and* 64). We have successfully objected in one or two cases to the establishment of new businesses for the keeping of rags and bones in the centre of the town. At best these are dirty occupations and do more than anything else to encourage rats.

As far as possible the majority of these new trades are being placed on annual licence.

Schools. Full details relating to school and school children are published in a separate report.

Housing. (*Appendix* 67). Instead of housing conditions improving they appear to be becoming worse. The number of properties which should be compulsorily closed is becoming greater every year, but the numbers of new dwellings available for the inmates is nil. Week after week fresh cases of gross overcrowding are being brought to our notice, but it would be futile to serve notices on the occupiers. There is no point in ejecting a family of ten from two rooms when we will probably find them in one room the next week One of the results of the housing shortage is that it is again forcing people into huts and caravans and these premises are a good deal smaller than the average house room.

Holiday Camps. Being situated on the sea coast, Seaton Carew naturally attracts a certain number of people who desire to spend their summer holidays under canvas. In my opinion such a type of holiday is the ideal one, provided that one has the right company and a waterproof tent. To the worker, whether he be manual or office, a fortnight in camp will do more to soothe the mind and restore the health than six weeks travelling abroad, and it will be infinitely cheaper. In fact I think that most people who have had experience of company in camp life will agree that it is a good healthy exercise provided it is carried on under suitable conditions. Unfortunately in the past we have had very few good words to say about the campers who have visited Seaton. They have been untidy in their habits and their departure has certainly been more popular than their arrival. We were not overjoyed therefore, when we were informed that there was to be an invasion by young unemployed men from the collieries. For two months they came in relays of two hundred at a time for a fortnight's camp. Their ages ranged from the 'teens to the early twenties. The camp itself was financed through the Lord Mayor's Mining Distress Fund and the organisation was left to the Northern Area Toc H Association, assisted by a number of the Durham University Students. Latrine pits were dug and worked in the approved army fashion ; proper washing facilities were provided with a draining pit ; an incinerator was built and kept constantly in action ; marks were given to each tent for tidiness and for the amount of rubbish and waste paper collected each day and inter-tent teams in various sports created a healthy spirit of rivalry amongst the lads. Frequent visits were paid to the camp and on no single occasion did we find a scrap of paper or any point on which we could possibly take exception. The objects of the organisation were I think very satisfactorily accomplished. Each batch of lads were very raw and wild when they arrived but they were very different fellows when they left and I know that they had considerable difficulty in making some of them go when their time was up. We could welcome any camp in the future conducted as efficiently as that of the mining lads, because it just shows what can be done when the right people are in charge.

INSPECTION AND SUPERVISION OF FOOD.

(*a*) *Meat.* (*Appendices* 53, 54, 55 *and* 56). There are no private slaughterhouses in the borough and all meat is killed in the Public Abattoir. This relieves us to a very large extent of having to inspect meat in butchers' shops, a form of inspection which is neither popular with the inspector nor the butcher. Unfortunately there are one or two butchers have meat

killed in the neighbouring districts and these must of necessity receive more attention from us as, it is to these places we look for beasts which have sometimes been killed under somewhat suspicious circumstances in the neighbouring farms and have been bought in at a small figure. Generally speaking, however, the quality of meat killed in West Hartlepool is of a very high standard.

(*b*) *Milk Supply.* During the year two licences were granted for certified milk and two for Grade A. There is therefore an ample supply for those who desire it and if the demand was greater more would be supplied. As regards the ordinary milk, the custom of bottling appears to be increasing considerably. There is no doubt that this is the cleanest method of delivery and it should be encouraged.

(*c*) *Adulteration.* (*Appendix* 59). The results of our food sampling this year have been remarkably good as with the exception of milk, all the samples have been found to be genuine. The milk samples, twenty in number, which have not come up to standard have shown such a small deficiency that it would have been useless to have carried out a prosecution. The following is an example of what has occurred. Four of the milk samples reported as being below standard were all obtained from the one source. "Appeal to the cow" samples had previously shown a similar result and the farmer invited representatives of the department to visit his farm and make any enquiries or investigations considered to be desirable. Advantage was taken of this, and the outstanding point revealed was the irregular hours of milking. The first milking took place at 6 a.m. and the second at 1-30 p.m., or in other words the interval between the morning and afternoon milking was $7\frac{1}{2}$ hours, whereas that between the afternoon and morning milking was $16\frac{1}{2}$ hours. All the deficient samples had been taken from the morning supply. As a test a sample was taken from the afternoon supply and the fat content was found to be as high as 4.7. The farmer's attention was drawn to this fact and alteration in milking hours has consequently produced satisfactory results.

Under the Milk and Dairies (Consolidation) Act, 1915 we have taken a number of samples for the determination of the presence of tubercle bacilli from the biological test, with the result that of 37 samples taken 6 were found to be infected with tuberculosis and one had not been completed at the end of the year. This shows a high percentage of infected milks. Two of the six samples were from farms within the borough and four outside. The appropriate action was taken in all cases.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.
(*Appendix* 19).

There is much of interest to be found in studying the incidence of infectious diseases for 1929. A first glance at the totals of the cases notified (Page 48) shows a reduction for last year by over three hundred cases. " Splendid!" you say; but a closer study, as often happens, shews the other side of the picture and then one realises that we have had a most unfortunate year :—

Smallpox has given us a miss for the first time since 1925. Seeing that this mild form of the disease has now been raging in County Durham for five years it must be about time that all those readily susceptible had taken it so that the ratepayers may have a little less expense and the health administrators an easement of their anxiety.

Chickenpox has continued to be a notifiable disease There are over three hundred less than last year, but what of that While one does not like to think of youngsters being ill, this is not one of the diseases which produces either chronic after effects or death. Parents know that, and many and many a time when we go visiting these cases we find that the children are out playing with others in the back street.

Scarlet Fever which once used to be one of the wolves of the infectious diseases is now becoming one of the lambs. The only fatal case occurred in an adult and that case the disease was of the haemorrhagic variety. Only 95 cases were notified during the year, the smallest number since the war. The distribution is interesting in so much as more than half the cases occurred in the Park and South West Wards, localities where the housing conditions are relatively good and where there is little overcrowding. Most of the cases were within the ages of 5—15, but 13 cases occurred in adults over 20 years, a relatively high proportion.

Diphtheria. This I consider to be perhaps the most serious disease of childhood. It requires careful nursing and frequently leaves a legacy of ill health. We started the year with an epidemic and we ended with another with the result that we registered the greatest number of cases (140) which have occurred in any year for the last twenty years. The Park and Central Wards which are relatively the best and worst as regards

housing and general circumstances both showed the same number of cases. Half of the patients were between the ages of 5 and 10 years, and thirteen deaths ensued. Towards the end of the year the accommodation at the hospital proved to be totally inadequate and many cases which should have received institutional treatment had perforce to remain at home. It would be a great benefit if the Schick testing and immunising methods could, be introduced but at the present time with the staff available this is quite out of the question. Such methods are the ordinary methods of procedure in America nowadays and many towns in this country are taking advantage of these prophylactic measures. Anything which could be done to minimise the risk of children contracting this disease should be done. The results are good and there are none of the risks nor discomfort which attends the vaccination against smallpox.

From time to time it has been pointed out to the public by means of the press and in other ways the necessity for early advice in all cases of sore throats and the advantage of early serum treatment. I think this has to some extent born fruit because during the last epidemic we were inundated with throat swabs. A very large number proved to be negative but it certainly is significant that more cases were seeking medical advice and that the doctors themselves are taking advantage of the facilities given them by the council for bacteriological examinations.

Enteric Fever. The most outstanding event of the year as regards infectious diseases has been the large number of cases notified to be suffering from enteric fever. Altogether 39 cases were notified to this department and with the exception of one which contracted the disease outside the town, they may be divided into two categories, the "crab" cases and the Isolation Hospital outbreak :—

The "crab" cases. How the original infection was introduced we have been unable to ascertain but the spread of the disease was undoubtedly through the medium of "dressed crab."

The following are the details of the cases which may be of interest :

Mr. W. R. age 44, died 30th January and the death certificate gave the cause of death as broncho-pneumonia and cardiac failure. Discussing the case with the doctor concerned, he informed me that it was undoubtedly a case of lobar pneumonia. Whatever kind of pneumonia it actually was, the text books tell us that enteric may simulate pneumonia and the subsequent events strongly suggest that this was the first case.

1. W.R. age 8, son of the above was reported to me by Dr. A. on February 15 as a suspected case of enteric and a request was made that we should take a sample of blood. On arriving at the house we were informed that Mrs. R. was not satisfied with Dr. A.'s diagnosis and had called in Dr. B. who had diagnosed appendicitis. We were allowed to take the blood, which was returned by the Bacteriological Department, Newcastle-on-Tyne, as agglutinating 1-125 to B. Typhosus but negative to Paras A and B. The patient was removed to hospital and the house which is above and communicating with a fish shop was disinfected.

As there were a considerable number of cases of influenza in the town at that time the father's death was not suspected. The boy had had ice cream and milk from an Italian shop in the immediate proximity, where some three years previously a child had suffered from enteric (imported from Italy). Bloods were taken from the Italians with negative results.

2. J.R., girl, age 14, (sister of No. 1), was notified by Dr. B. as the result of a blood test (positive 1/250) taken on 5th April. On receiving this notification Dr. B. was communicated with and he agreed to have the other members of the family tested with the result that.

3. F.R., girl, age 16, proved to be positive —(1/50 and doubtful 1/125) on 10th April and

4. Mrs. R. age 39, was positive (1/500). Further enquiries elicited the fact that Mrs. R. had been ill for a month and had been in bed at intervals during that time. Dr. B. was questioned and stated that although he was treating the first case in hospital he had not suspected the mother to be suffering from enteric. Mrs. R. had slept with the first case, from whom I think she obtained the infection and she in turn had passed it on to her daughters (Nos. 2 and 3). These cases were all removed to hospital on notification and the premises re-disinfected. Another son and two women in the house were negative.

In view of the fact that these cases had occurred in a fish shop, and the length of Mrs. R.'s illness, the general practitioners were notified of the facts and were asked to be on the look-out for suspicious cases, and to report them to this department. There was an immediate response on the part of the doctors and cases started rolling in.

5. A. McI., girl, age 15, was notified on 16th April, and removed to hospital where a blood test was taken which, I was informed, was positive (dilution not known). This patient worked as a day girl at R.'s house.

6. Mr. H. D., age 25, an accountant. Complained of feeling out of sorts on Easter Monday. Lives with parents. Often goes to R.'s shops for dressed crab but the other members of the family don't eat it. The patient was too ill to question so did not ascertain the actual day on which he had the crab. Blood positive (1/125).

7. Mrs. E. S. Age 43. All the members (4) of this family partook of dressed crab obtained from one of R.'s shops some time in March (?). Patient's illness commenced Easter Monday. Blood positive (1/125). One other member of the family was notified later.

8. Mrs. A. F., age 28. Often gets dressed crab from R.'s shop. Illness said to have commenced on 15th April, but blood taken a week later gave positive 1/500, so it was considered that on that date (22nd April) she had had the disease approximately three weeks. A brother of this patient who had also had crab had his blood tested. Although he had no clinical signs and did not feel in any way indisposed, his serum agglutinated 1/50 to B. typhosus. He received T.A.B. in the army. Nothing was found in his faeces or urine.

9. W. B., man, age 44. Had dressed crab from R.'s shop on 21st March. Symptoms commenced 29th March and terminated fatally on 19th April. His blood was not taken. He was practically living by himself and he only had the crab.

10. E. R., girl, age 23. Had dressed crab from R.'s shop the week before Easter. Blood taken on 22nd April gave positive 1/500.

11. Mrs. R. R., age 45, mother of No. 10, had crab same day. Blood taken 25th April gave positive 1/500.

12. E. E., boy age 5. Am doubtful about this case. Child commenced with a rash which the doctor diagnosed as measles (3rd April) As there was a persistent temperature with abdominal symptoms at the end of three weeks the doctor became suspicious that a measles had been concurrent with an enteric and he accordingly notified it as such. For various reasons the doctor was unable to get a blood. Eight people lived

in the house and they bought two dressed crabs from R.'s shop about 20th March. The father was laid up with infleunza for three weeks but a blood taken from him was negative.

13. A.H., girl, age 17. Was tested 20th April, but proved negative. The doctor was not satisfied and notified her as a suspected enteric on 30th April and she was removed to hospital. A further blood was taken in hospital which was again negative. There was no history of shell fish in this case and the patient died of abdominal tuberculosis some six months later.

14. Mrs. E. McQ., age 28. Notified 11th May when she was said to have been ill for 3 or 4 weeks. She was a frequent visitor to R.'s house and had been buying some wearing apparel from Mrs. R. Blood positive 1/500.

15. D.McQ., boy, age 4. Son of No. 14 from whom he may have got the infection or he may have contracted it when with his mother at R.'s house. Blood positive 1/500.

16. T. Y., man., age 32. Notified 15th May. Said to have had dressed crab at the same time as his sister (No. 7). Blood positive 1/500.

17. Mrs. A. G., age 26. Notified 17th May. Illness said to have commenced on 3rd May. Blood positive 1/125. G.'s are friends of R.'s but they would not give me any information re shell fish.

18. A.S., girl, age 2 years. Daughter of No. 7—no blood taken.

19. E. McQ., girl, age 7. Daughter of No. 14. Said to have been taken ill on 9th May. Notified 22nd May and removed to hospital where she had a positive blood. Probably contracted the disease from the mother.

20. E.C., girl, age 14. This child had a blood taken on 9th May as a suspected case, but was negative. A further blood taken on 15th May had a positive 1/50. She was an assistant at R.'s shop. Illness said to have started on 28th April. Patient died 21st May.

21. Mrs. H., age 38. Notified 27th May. Illness said to have started 4th May. There is no history of shell fish but she nursed Mrs. McQ. (No. 14) during the first week of her illness.

22. J.H., man, age 32. Illness commenced 20th May. Notified 30th May. I cannot find any connection between this and the other cases. The illness according to the doctor is not typical of enteric and he was almost well at the time of notification. The blood was taken because enteric was prevalent and gave B. Typhosus 1/50 and B. Paratyphosus B. 1/50. The man had had T.A.B. inoculation whilst in the army.

23. Mrs. G., age 63. Notified 22nd June. Nursed her daughter-in-law, No. 17 until the latter was removed to hospital. Undoubtedly contracted the disease from No. 17. Blood positive 1/50.

24. G.W., girl, age 16. Illness commenced 18th June and notified on 24th June. This girl had been working at the house of No. 17 during the day and going home to sleep. Her blood was not taken and she died 30th July. There is no doubt that she was an enteric as one of her brothers eventually took it.

25. J. O'N, woman, age 21. Notified on 26th June. Lives in the same house as Nos. 14, 15 and 19. Blood tested three weeks prior was negative but on 24th June was positive 1/500. Probably infected from No. 14.

26. M.G., man age 63. Husband of No. 23. Blood positive 1/50. Notified 26th June. Probably infected from No. 17 about same time as his wife. Been ill two weeks.

27. G.L., woman, age 23. In service at house of No. 6, who was nursed at home. Was notified 4th July, when she had been ill two weeks. No blood was taken and she died 18th July.

28. J.E.W., boy, age 5. Notified 8th July, was a brother of case No. 24. Blood positive 1/125.

29. T.G., girl, age $2\frac{1}{2}$. Notified 9th July. The mother of this child took the baby from her sister-in-law, No. 17, when the latter was removed to hospital. The baby had also been nursed by No. 24. I think the baby was the means of introducing the infection into this house. Blood positive 1/500.

30. M.G., girl, age 6. Notified 18th July. Sister of last case. Her blood was not taken.

31. Mrs. H.K. Notified 22nd July. This is a doubtful case. Nos. 29 and 30 frequently came to play at her house with her own children. The case was never a typical one and all blood tests were negative.

32. W.A., girl, age 15. Notified 14th August. This case is implicated in some way with Nos. 17, 23 and 26. They live on the opposite side of the street and are visitors to each other's houses. Blood positive 1/50. Said to have been ill a month.

33. R.G., man, age 33. Notified 16th August. Been ill for 3 weeks. Father of Nos. 29 and 30. Blood positive 1/500.

34. M.A., girl, age 16. Sister of No. 32. Both she and her sister helped to nurse the old man No. 26. Blood positive 1/125.

35. M.R., girl, age 19. This case was notified more as a suspect and sent to hospital. Repeated blood tests refused to give a positive result. She is not connected in any way with the other cases and I don't think she was an actual case.

36. H.F., girl, age 8. The mother of this case, No. 8, was kept in hospital for a considerable time—April to September— and was finally discharged as a carrier. They refused to have the children immunised with the result that this one contracted the disease, undoubtedly I think, from the mother. She had a positive blood (1/250). Notified 22nd Nov.

In addition to these 36 cases two cases were notified in the adjoining borough of Hartlepool. These had joined in a crab supper with one of the West Hartlepool patients and there is no doubt as to the cause of this trouble.

Of the 38 cases notified under this outbreak, one was definitely not an enteric, three were suspicious cases clinically and the remaining 34 were definite cases, seven of which terminated fatally.

As to the means of spread I think we are justified in assuming that primarily this was by means of dressed crab prepared at R.'s shop.

All the crabs are bought at the Fish Quay, Hartlepool and there are many other dealers in the town but no case has been associated with any of these, so that I think that clears the character of the crab alive.

Business in crabs is fairly brisk and R.'s were getting through 600-700 crabs per week at that time—dressed and undressed. Dressing crabs takes time and these were all done in the back premises of the Lynn Street shop. These premises are also put to domestic uses, such as washing clothes, etc. During Mrs. R.'s illness she was in and out of bed the whole time and I have no doubt that she, although feeling ill, was helping the others in dressing the crabs. The son however, denies this. The crabs themselves are boiled in the same pot as the household washing, but I don't think that that would be the means of infection, partly on account of the temperature of the water and also because we did not have any cases associated with undressed crab. The crab meat is all put into an enamelled bowl, which they say is not used for anything else, but I think it may have been one of the channels through which the infection was conveyed to the crab meat, if it was not directly from Mrs. R. I am also inclined to think that only one batch of crab meat was infected, as all the first cases directly connected with dressed crab—apart from the R.'s household—occurred (onset) at approximately the same time.

The cases occurring in the latter half of the outbreak were all direct contacts of patients who were notified.

Out of this outbreak we have struck one point which is going to cause considerable administrative difficulty in the future and that is the carrier. We already have in the town two known carriers of Para B. Fortunately they are in well controlled households but even then they cause a certain amount of domestic difficulty. Now we have got as an enteric carrier, a young married woman with a will of her own and a large number of friends and relations amongst the poorer classes. She has already infected one of her own children and to-day I have received a notification of enteric from another of her relations. She was kept in hospital from April to September until there were threatened a nervous breakdown on her part and considerable abuse on the part of her friends.

I suppose the only bright spot is that we know that she is a carrier. and that when any cases come along in the future our first enquiry will be " Do you know Mrs. 'X' "?

At the end of the year another outbreak of enteric occurred under somewhat different circumstances. This took place at the Port Sanitary Isolation Hospital. We first became aware of this when two of our cases which had been discharged from that institution after suffering from scarlet

fever developed enteric within a week of their discharge. The condition of this hospital has been inviting such an outbreak for some years past and the whole place has been repeatedly reported against both by myself and inspectors from the Ministry of Health. As the outbreak was not got under control until after the new year I will leave my successor to write of the full particulars.

Another interesting point in connection with the epidemic was the positive reaction to both B. Typhosus and Para B. which was found in two men who must have been innoculated at least 10 years ago. One had definitely partaken of crab at the same time as his sister and yet he showed no clinical signs apart from the blood test result. The other man had only a slight indisposition which was never seriously suspected as being enteric and it was just an accident which caused the doctor to test his blood.

Paratyphosus B. Apart from the two cases mentioned above, only one case of Para B. was notified. This occurred in a man aged 30, and the only suggested source was mushrooms. He had a positive agglutination in a dilution of 1 in 500.

Malaria. No cases of malaria, induced or otherwise, were notified during the year.

Erysipelas. There seems to be very little change in the number of cases notified under this heading year by year. There were 31 cases, the same as in 1928 and three of them proved fatal. The majority of the cases occurred in persons over 35 years of age and there is nothing in the ward distribution to require any comment.

Puerperal Fever and Pyrexia. These two diseases of pregnancy still remain under separate headings and I think it preferable that it should remain so because we find that certain cases causing rise of temperature are definitely of septic origin, whereas others may be due to innumerable causes. All such cases are now inquired into and the enquiries are forwarded to the Ministry of Health where the results are being tabulated with a view to information being found which may result in methods being adopted at the time of confinements which may ultimately reduce the maternal mortality. The following are the details of the Fever cases :—

1 Mrs. B. Primipara. Attended by two doctors and midwife. Forceps delivery after a good deal of manipulative interference. Perineal

tear which became septic. Patient developed temperature on 4th day and eventually became maniacal and died on the 19th day after delivery. This case had been brought to her mother's house from outside the area for her confinement. It is a tragic coincidence that her sister died at her first confinement about three years ago.

2. Mrs. C., age 28. 2nd confinement. Normal confinement conducted by midwife with no lacerations and in fairly good home conditions. Developed temperature and rigors on 4th day with abdominal tenderness. No definite cause was found. Patient was removed to hospital and made an uninterrupted recovery.

3. Mrs. M., age 31. First confinement resulted in a still-born baby. Patient confined by doctor, poor baby, which died two days later. Temperature developed on 3rd day, no lacerations but abdominal tenderness. Removed to nursing home where she recovered in 3 weeks.

4. Mrs. M., age 34. Previous pregnancy ended in a miscarriage. Doctor performed episistomy and delivered with forceps. Perineum required sutures. Patient satisfactory until 8th day when she developed sepsis, was removed to hospital on 13th day and died three weeks later. In the meantime the baby had developed an ophthalmia neonatorum.

Thus it will be seen that of the four cases notified as puerperal septicaemia, two died.

The following details relate to puerperal pyrexia cases :—

1. Mrs. L., age 45. 11th pregnancy. Patient had a normal confinement but had a temperature of 100° on day of confinement. She developed a right lobar pneumonia from which she died.

2 Mrs. C., age 24. Primipara. Patient developed influenza two days before confinement and this became exaggerated as a result of the confinement. Symptoms were confined to the chest. Recovered.

3. Mrs. H., age 30. Primipara. Patient neurotic and melancholic and living under unhappy home conditions. Twin births, both requiring forceps. Developed temperature on 6th day which continued for 48 hours—probably of nervous origin.

4. Mrs. G., age 27. 3rd pregnancy. Patient delivered by a handy-woman. Developed a temperature on 3rd day which subsided in two days. No definite lesion found to account for temperature.

5. Mrs. S., age 35. 3rd pregnancy. Normal delivery by midwife, without lacerations. On the 3rd day the mother awoke to find the baby dead in bed. The reaction possibly caused the rise of temperature which abated without any local treatment in a few days. The mother was in a very poor condition and died some months later of tuberculosis.

6. Mrs. F., age 23. Primipara. Normal labour conducted by midwife. Developed cold about the 10th day which caused a temporary rise of temperature.

7. Mrs. W., age 30. 4th pregnancy. Normal delivery by midwife. Developed a B. Coli infection of bladder causing a rise in temperature. No other symptoms.

8. Mrs. W., age 36. 8th pregnancy. Delivered by a handy-woman. Doctor called an hour later to expel the retained placenta. Piece of membrane apparently retained as two days later there was a rise of temperature which susbided after an intra-uterine douche.

9. Mrs. W., age 29. 6th pregnancy. Delivered by doctor. Had been attending doctor regularly for three weeks prior to confinement for pains in head and back. After confinement head conditions became worse and on 12th day had rise in temperature but this subsided after aperients.

10. Mrs. M., age 22. Primipara. Doctor's case in maternity home. Patient developed cystitis of B Coli origin.

Of the ten cases of raised temperatures one suffering from pneumonia died. The others made good recoveries with the exception of the patient suffering from tuberculosis who died later in the year.

Cerebro-spinal Meningitis and Polioencephalitis :—No cases were reported of these diseases.

Acute Anterior Poliomyelitis. Two cases occurring in children were notified. There was no connection between the cases which both showed slight paralysis of the right leg. Active electrical treatment was given in both cases and the results have been good.

Encephalitis Lethargica. Three cases, all of which had a fatal termination, were notified. Two of the cases commenced with symptoms of influenza and the third with sickness and drowsiness. All these cases were under three years of age.

Dysentery. One case occurred in a dockyard policeman. No definite history was obtained which could give any clue as to the source of infection The recovery was uneventful.

Pneumonia still continues to be one of the most pernicious diseases of this locality. Of 302 cases notified there were 133 deaths. At the beginning of the year there seemed to be a regular epidemic of pneumonia cases and death. The very young and the young adults seemed to be the most affected. Of the children under three there were 72 cases and of the adults between 20 and 35 years there were 45 cases. In the younger cases one wonders if there is not a considerable delay in calling for medical help. I think that in many of them the parents are inclined to look on most things of that nature as a common cold and wait to see how home remedies work first. When they find that the child is very much worse they call in the doctor and by that time the child is in a moribund condition. As regards the young adults, a large number of these are engaged in outdoor occupations, such as the shipyards, timber works, etc. Work is difficult to get and many persist in going to work although they are ill in the hope that they will be able to shake of the cold and not lose their job. It is a wrong policy but many of these labourers must look at it from their own economic point of view first. Strength is added to this theory inasmuch as more than half of the cases have occurred in North East, South East and Central Wards, localities where the loss of a week's wages is of considerable importance.

Ophthalmia Neonatorum. All such cases are now notified by doctors instead of as formerly, by either the midwife or the doctor. Of 17 such cases 14 occurred after confinements conducted by midwives and 3 where the doctor was in full charge. In one case there was impairment of vision and another resulted in total blindness.

Of the doctors' cases two occurred where the doctor was not present until after the confinement and the third was in a complicated confinement where the mother was removed to hospital with septicaemia and the baby accompanied her.

The majority of cases of ophthalmia are the direct result of gonorrheal infection of the infant's eyes during the course of its birth, and it is impossible to pay too much attention to the cleansing of the babies' eyes whether the mother is suspected to be an infected case of venereal disease or not.

Tuberculosis (*Appendices* 21-29). Nothing of note has occurred during the year in connection with this disease which has not already been dealt with at length in previous reports. No new lines of treatment have been adopted and no procedure regarding the sending of patients at the dispensary and the examination of cases at the dispensary remains the same.

There has been a slight fall in the number of new cases notified during the year. The question of notification is being more carefully carried out by the general practitioners At one time we used to find that the first intimation that a person had been suffering from tuberculosis was to be found in the weekly death returns. Of eight cases so found this year, four occurred in institutions and the other four the doctors giving the certificates were either not the regular family doctors or they had reasonable grounds to believe that the patient had been already notified.

The distribution of the new cases tends to strengthen the view that tuberculosis is becoming more a disease of social status. The poorest wards in the town both as regards housing and social and economic conditions are the producers of the greatest number of cases. The Central Ward is responsible for almost a quarter of the cases and it is closely followed by the South East and North East Wards. As regards the ages the majority of the lung cases, in fact half of them occur between 15 and 30 years, the most difficult period of a person's life. With the non-pulmonary type of the disease there seems to be two definite age periods where the greatest number are affected. The first is at the time when infants have ceased their period of maternal feeding and are coming on to prepared or artificial foods (age 1-2 years) and the other includes the first few years of school life (5-10 years). There is bound to be some reaction in a child's life after having five years freedom and then suddenly to be placed under the discipline of school routine. With our present day schools the children will obtain as good if not better ventilation conditions than they would at home, but the question of the greater incidence at this age in relation to school life might be worth following up for investigation.

For institutional treatment, adult lung cases have been sent to Barrasford Sanatorium and children, both pulmonary and non-pulmonary are accommodated at Stannington. No cases have been sent to Blencathra this year. Cases which are in an advanced state of the disease have been sent to the Howbeck Infirmary. The number we have sent to sanatoria (23) is small but we have acted on the principle that there is not much to be gained by sending a case unless the lung and general conditions suggested that an arrest of the disease might be expected.

The Hartlepools Hospital continue to take our surgical cases and they also deal with the cases which are sent over for ultra-violet light treatment. Generally speaking good results have been attained in cases of suppuration but it is doubtful if the lupus cases have shown much benefit.

Non-notifiable Diseases.

Measles. Our figures for this disease are erroneous and have to be taken mostly from school reports. The absentees from school number 570 cases but we have no record of those children below or above school age nor of those attending private schools. Of the 26 deaths ascribed to this cause 21 occurred amongst children below school age and only five in the 5-10 year age group. This rather suggests that there must either have been a large number of cases under school age or that the mortality was excessive.

Mumps. The schools have a remarkably good year in this respect as only 31 cases were reported. The most serious thing in this disease is that it may be one of the causes of sterility in later life. It is not a fatal disease.

Whooping Cough. At the beginning of the year there was an outbreak of this disease amongst the children. Of those attending school there were 187 cases. Altogether there were 40 deaths and 33 of these were amongst children under school age. With such a small amount of data in our possession it is impossible to arrive at anything approaching a correct figure for the case mortality.

Cancer has proved to be our third greatest cause of death, the two highest being pneumonia and heart disease. There were 103 fatal cases and of these 100 occurred in adults over 35 years of age, the greatest fatality

being in those over 55 years. It appears to be a disease which is no respecter of persons, no matter what their station or mode of living as the cases have been almost equally distributed throughout the town.

Venereal Diseases (*Appendices* 39-43). The big increase in new cases of venereal disease which was commented upon in the report for 1928 has been followed this year by a marked decrease, the figures being 227 for this year as against 271 in 1928. This reduction relates principally to West Hartlepool and Durham County patients but as a set off against this there is an increase in the number of infected foreign sailors applying for treatment.

Although there has been a reduction in the number of new cases, the number of attendances made by patients has increased by 400. This is all to the good because it means that in spite of the increased number of casuals who perhaps only put in one or two attendances at the most, the local cases are making a greater endeavour to continue their treatment until they are discharged as cured.

Generally speaking, although we have the greater portion of the patients as gonorrheal cases, we find that they are more inclined to cease treatment at an early stage or before they can be written off as cured. It may be that the picture of the chronic syphilitic cases has created in their minds the idea that syphilis is the disease to be afraid of and not gonorrhoea, or it may be that they consider their symptoms to be so trivial after the acute inflammatory condition has subsided that it is unnecessary to continue with treatment. Whatever the cause may be we have from time to time people, and especially women, coming to us who have been infected by a person who has ceased attending before being discharged as cured.

Bacteriology (*Appendix* 68). Our procedure with regard to bacteriological specimens continues as before. Sputa, smears, swabs, ringworm hairs and other minor work is done in our own laboratory, where we also prepare our own blood serum tubes. Material for Wasserman, Widal and other more complicated reactions or tests are sent to the Bacteriological Department of the College of Medicine, Newcastle.

Prevention of Blindness. Due inquiries are made into all notifications of ophthalmia neonatorum and the health visitors attend such cases and

carry out the treatment under the jurisdiction of the doctors concerned. Serious cases coming to our notice are sent to hospital for treatment.

Several children suffering from interstitial heratitis are treated at the venereal diseases centre. Good results are obtained temporarily but we have found that the conditions recur in two or three years after active treatment has ceased.

Rat Destruction. Our campaign against these rodents is carried on continuously throughout the year. During "Rat Week" special articles and notices were published in the local press. A stock of poison is retained on the premises which is sold at a nominal cost and householders are instructed both by the sanitary inspectors and by leaflets in the best methods of placing baits and traps. The Port Sanitary Authority have recently appointed a whole-time rat catcher. His services are free when engaged on Corporation property and a small fee is made if his services are required by a householder.

Propaganda. As in previous years we have from time to time contributed various articles to the press dealing with health matters. Towards the end of the year a magazine "*Better Health*" has been made available without any cost to the ratepayers. Unfortunately we are only able to command one thousand copies per month and that is quite insufficient for our needs. These are distributed to the senior class in some of the schools and through the child welfare centres.

In addition, pamphlets relating to infectious diseases are circulated by the sanitary inspectors and the health visitors and a large and varied assortment of bookmarks bearing a health and cleanliness slogan are placed in books given out at the Public and other libraries in the town.

MATERNITY AND CHILD WELFARE.
(*Appendices* 33-38 *and* 47).

Maternity Home "Grantully." (*Appendix* 47). The Home has had a more satisfactory year than 1928, not from the point of view of the number of patients which remained the same, but administratively we have had a good deal less to worry about. One patient, a case admitted from the county area, died from eclampsia, a short time after admission, and one patient only developed a pyrexia due to B. Coli infection of the bladder. A number of difficult cases have been attended and credit is

due to the matron and her staff for the able manner in which they have conducted their deliveries. The best testimonial the home can receive is the number of women who return to the home for subsequent confinements.

Private Nursing Homes. Two homes are registered in the town, but only one caters for maternity cases, the other confining its activities to surgical and medical cases only.

Child Welfare Centres (*Appendices 33-38*). There are still four child welfare centres but one of these was removed at the end of the year from the Alice Street Mission Hall to more commodious and better adapted premises in Oxford Street. The new premises in Oxford Street are more central for the area and it is anticipated that this move will considerably increase, if not double, the number of cases we had at Alice Street.

During the year there has been a slight decrease in the number of children attending the centres but the total number of attendances has been increased. The slight falling off in new attenders may easily be ascribed to the numerous changes which have been made in the nursing staff. We have again to offer thanks to the Toc H League of Women Helpers who have regularly given their services at the centres and thus enabled the nurses to carry out their work more thoroughly.

We are now beginning to realise some of the effects of our educational work amongst the mothers. The number of babies who are being fed at regular hours and with suitable diet is showing a gradual increase year by year. This is certainly encouraging because we find that the majority of ailments of infants are almost entirely due to dietic errors.

The Ante-natal Clinic continues to be held at the maternity home and shows a slight improvement in the number of attendances. This clinic is in its infancy and we hope that in time it will become as popular and as useful as the child welfare centres. In order to encourage the general practitioners in the town in the question of ane-natal work we have made arrangements with them to hold ante-natal clinics of their own at Grantully. One afternoon per fortnight has been allotted to each doctor and with the exception of two firms, all the doctors have signified their intention of making use of the facilities and have applied for days. It will be interesting to note how the scheme fructifies.

Midwives. (*Appendix* 32). We have had no occasion to complain of the work carried out by midwives during the past year. The number on the roll has decreased by one. Of the 1455 live births 848 were attended by midwives and in 230 cases medical aid was summoned on account of complications. This seems rather a high percentage but it is considerably lower than that for last year. The second year's working of the insurance scheme for midwives' cases shows a continued success. The total number of cases to insure was 332 compared with 230 in 1928. This increase in the number also shows a larger number of cases which have required medical attention and I think this is only natural as those who have previously experienced complications at the time of their confinement, followed later by an account for medical services, are more eager to avail themselves of the insurance facilities offered to them. In the case of the uninsured the Corporation endeavour to extract the full fee, and on presenting the account, also send them a note to the effect that had they been insured it would not have been necessary to send them an account.

General Summary. If, as somebody has said, medicine is an art of coming to a conclusion on insufficient evidence, the Public Health side of medicine must surely be an art where the seeds of knowledge are planted at an early date, and time alone will tell if, when they germinate they have proved to be worthy of the labour expended on them during that period. Every good tree will have some bad years and every good movement will have some temporary set backs and this applies equally to Public Health. No man of the world who has studied progress will deny that the study of the public health has made extraordinary advances for the betterment of the community, but all these advances have taken place over a number of years. Good years there have been, and bad, and unhappily 1929 has been one of the bad years. Fortunately however, we do not lose our results on one year or we would indeed become despondent. We have been visited with serious fatal epidemics of diseases which have not troubled us for many years. This period of absence produces a feeling of security which is altogether false and we must always be prepared for a flare up whenever an ingited spark makes its appearance. To us, the outbreak of enteric fever has been a most serious event, but thirty years ago it was an annual occurence. It is to be hoped that in another thirty years we will be able to look back with dismay on the large number of diphtherias, cancers and pneumonias which we have to-day.

The brightest point in the whole year was undoubtedly the demonstration that in spite of an exceptionally droughty period there was no

stinting of the water supply both for commercial and domestic purposes. There are certainly disadvantages in this hard deep-well water with which we are supplied and every householder will have had experience of furred up kettles, boilers and the like, in fact it makes almost as good a subject to grouse about as the weather. But one has only to have one experience of a shortage of water to realise what a relief from anxiety it is to know that the water supply is assured.

As this will be my last report as Medical Officer of West Hartlepool I would like to express my thanks to all those members of the council, both past and present, and more especially the chairman and members of the Health Committee, who have assisted me during my term of office ; to the senior officials of other departments who have always been willing to co-operate and assist in all manner of schemes with which we have been associated and finally to the members of my own staff who have always shown that loyalty to their "chief" and conscientiousness and thoroughness in their duties which makes work more like a hobby and produces results which would never have been achieved by coercion.

I am, Ladies and Gentlemen,

Your obedient servant,

GORDON LILICO.

APPENDIX 1.—PUBLIC HEALTH STAFF.

Medical Officer of Health, School Medical Officer, etc.—
*GORDON LILICO, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health, Assistant School Medical Officer, etc.—
†*ALFRED E. WALL, M.B., Ch.B., D.P.H.
‡*JAMES A. DUNLOP, M.B., Ch.B., D.P.H.

Medical Inspectors of School Children (part time)—
*E. SEATON COCKELL, M.R.C.S., L.S.A.
*KATHERINE MACFARLANE, M.B., Ch.B.

Consultant Surgeon, Grantully Maternity Home (part time)—
*A. V. MACGREGOR, M.D., F.R.C.S.

Ophthalmic Surgeon (part time)—*J. R. FOSTER, M.B., F.R.C.S.

School Dentist (part time)—*E. W. MANNERS, L.D.S., (Dunelm).

Veterinary Surgeon (part time)—H. HICKS, M.R.C.V.S.

Sanitary Inspectors and Inspectors under Sale of Foods and Drugs Acts—
HAROLD V. ROBINSON, C.R.S.I. JOHN T. DURKIN, C.R.S.I.

Health Visitors—
*1MISS N. E. BRADSHAW (Part Gen. Trained, C.M.B. and H.V. Cert).
*2MISS E. WILKINSON (Gen. Trained, C.M.B. and H.V. Cert.).
* MISS F. MITCHELL (Gen. and Fever Frained and C.M.B.).
*3MISS K. BRENNAN (Gen. Trained, C.M.B. and H.V. Cert.).
* MISS M. WILKINSON (Gen. Trained, C.M.B. and H.V. Cert.).
*4MISS E. F. J. SMITH (Gen. Trained and C.M.B.).
*5MISS L. THICKENS (C.M.B. and H.V. Cert.).
*6MISS A. S. BAGSHAW (Gen. Trained, C.M.B. and H.V. Cert.).

Health Nurse—*7MISS E. PEACOCK (Gen. Trained and C.M.B.).
*8MISS A. CRAGGS (Gen. Trained and C.M.B.).

Grantully Maternity Home—
MISS J. WIGHT (Gen. Trained and C.M.B.).

School Nurses—
*MISS E. SMITH (Gen. Trained, C.M.B., and H.V. Cert.).
*MISS H. DAVIES (Gen. Trained and C.M.B.).

Chief Clerk—D. J. WILLIAMS.
Clerks—MISS H. A. RIGBY, MISS M. PROUD.
Office Boy—9JOHN SWALES, 10STEPHEN COOPER.
Disinfectors—J. ALLEN, 11R. L. OLIVER, 12T. HODGSON.
Superintendent of Public Abattoir—J. WATSON.
Public Analyst (part time)—CYRIL J. H. STOCK, B.Sc., F.I.C.

* Contributions to salaries under Public Health Acts or by Exchequer Grants.
† Dr. Wall resigned 31/10/29.
‡ Dr. Dunlop appointed 15/11/29.
1 Miss Bradshaw resigned 28/8/29.
2 Miss E. Wilkinson resumed duties after leave of absence 1/10/29.
3 Miss Brennan resigned 16/10/29.
4 Miss Smith resigned 30/6/29.
5 Miss Thickens appointed 24/9/29.
6 Miss Bagshaw appointed 29/7/29.
7 Miss Peacock, leave of absence 30/9/29.
8 Miss Craggs, temporary appointment 1/10/29.
9 J. Swales resigned 8/5/29.
10 S. Cooper appointed 5/6/29.
11 R. L. Oliver resigned 7/9/29.
12 T. Hodgson appointed 9/9/29.

APPENDIX 2.

GENERAL INFORMATION.

Arrea (acres)	...	...	...	... 2,958
Population (1929)	...	...	...	(Estimated) 69,370
Population	...	...	...	(Census 1921) 68,641
No. of inhabited houses		...	...	(Census 1921) 14,036
No. of inhabited houses (1929)			...	(Estimated) 15,288
No. of Families or separate occupiers			...	(Census 1921) 15,053
Rateable Value (1st April, 1929)			...	... £352,248
Sum represented by a Penny rate			...	... ... £1,345

APPENDIX 3.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	Total		M.		F.	
Births—Legitimate	1394	...	702	...	692	Birth Rate (R.G.) 20.9
Illegitimate	61	...	35	...	26	
Deaths ...	1089	...	599	...	490	Death Rate (R.G.) 15.6

Deaths of women dying in, or in consequence of, childbirth :—

From Sepsis	...	...	2
From other causes	...	...	6

Deaths of infants under one year of age per 1,000 births :—

Legitimate 108.5 ; Illegitimate 5.4	...	...	Total 114
Deaths from Measles (all ages)	...	...	... 26
Deaths from Whooping Cough (all ages)		...	... 40
Deaths from Diarrhoea and Enteritis (under 2 years)			... 17

APPENDIX 4.

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY DURING 1929.

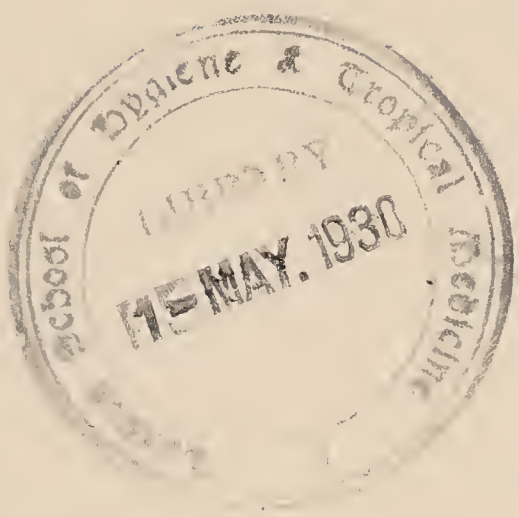
	Rate per 1,000 total population		Annual Death Rate per 1,000 Population.									Rate per 1,000 Births		Percentage of Total Deaths.			
	Live Births	Still-Births	All Causes	Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year.	Causes of Death certified by Registered Medical Practitioners	Inquest Cases	Certified by Coroner after P.M. no Inquest	Uncertified Causes of Death
England and Wales ...	16·3	0·68	13·4	0·01	0·00	0·08	0·02	0·15	0·08	0·74	0·55	8·1	74	91·5	6·1	1·5	0·9
107 County Boroughs and Great Towns, including London ...	16·6	0·69	13·7	0·01	0·00	0·12	0·02	0·19	0·09	0·76	0·50	10·9	79	91·8	5·8	1·9	0·5
157 Smaller Towns (1921 adjusted populations 20,000—50,000	16·0	0·71	12·3	0·01	0·00	0·06	0·02	0·15	0·07	0·71	0·45	5·9	69	92·6	5·4	1·0	1·0
London	15·7	0·53	13·8	0·01	0·00	0·04	0·02	0·26	0·08	0·69	0·56	10·7	70	89·5	6·8	3·7	0·0
West Hartlepool ...	20·9	0·73	15·6	0·11	0·00	0·37	0·01	0·57	0·18	0·47	0·79	11·6	114	92·7	4·7	0·7	1·6

APPENDIX 7—TABLE SHEWING CAUSES OF, AND AGES AT DEATH.

CAUSE OF DEATH	Deaths at the subjoined ages of "Residents" whether occurring within or without the District.															Total deaths whether of "Residents or Non-residents" in Institutions in the district	Increase or Decrease as compared with 1928.
	ALL AGES	Under 1 year	1 and under 2	2 and under 3	3 and under 4	4 and under 5	5 and under 10	10 andunder 15	15 and under 20	20 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards.		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Measles	26	4	10	4	3	...	5	...	...	...	...	...	...	...	...	...	+ 25
Scarlet Fever	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	+ 1
Whooping Cough	40	18	14	5	1	1	1	...	...	...	...	...	...	...	...	...	+ 37
Diphtheria and Membranous Croup ...	13	...	1	2	...	2	7	1	...	...	...	...	...	...	...	...	+ 3
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 1
Fevers { Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Fevers { Enteric	8	...	...	...	...	...	...	1	1	1	3	2	...	...	...	...	+ 7
Fevers { Other Continued ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Epidemic Influenza... ...	33	2	...	...	...	1	...	...	...	1	4	3	12	4	6	...	+ 15
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Diarrhoea and Enteritis (under 2 years) ...	17	14	3	...	...	...	...	...	...	...	...	...	...	...	...	...	+ 11
Puerperal Fever and Puerperal Pyrexia ...	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	— 3
Erysipelas	3	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	+ 3
Other Septic Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Phthisis	64	...	...	1	...	...	...	4	7	11	14	13	11	3	...	...	+ 6
Tuberculous Meningitis ...	9	...	1	4	...	1	2	...	...	...	1	...	...	...	...	...	— 9
Other Tuberculous Diseases	15	2	3	1	...	1	3	...	...	1	3	...	1	...	...	1	— 4
Cancer, malignant disease ...	104	...	...	...	...	...	1	...	...	2	1	11	19	31	39	3	+ 12
Bronchitis	73	21	4	...	...	...	...	...	...	...	1	...	8	9	30	...	+ 35
Pneumonia	133	19	20	8	5	3	6	1	3	4	11	8	16	13	16	4	+ 28
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Poliomyelitis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Encephalitis Lethargica ...	3	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	+ 2
Pleurisy	4	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	+ 2
Other Respiratory Diseases	21	1	2	1	...	1	1	...	...	...	...	1	2	2	10	...	+ 3
Alcoholism and Cirrhosis of Liver	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	same
Venereal Diseases	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Malformations	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 1
Debility	13	12	1	...	...	...	...	...	...	...	...	...	...	...	...	...	+ 3
Marasmus	18	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	— 1
Premature Births	26	26	...	...	...	...	...	...	...	...	...	...	...	...	...	2	— 6
Diseases and Accidents of Parturition and Pregnancy	6	...	...	...	...	...	...	...	...	1	3	2	...	...	...	...	+ 4
Heart Disease	149	...	...	...	...	...	...	1	...	3	2	7	20	26	90	3	+ 23
Nephritis & Bright's Disease	30	...	...	...	...	...	...	1	...	1	1	2	5	3	17	1	+ 11
Other Violent Deaths ...	10	...	...	...	...	...	...	3	1	...	2	...	1	1	2	6	+ 10
Suicides	9	...	...	...	...	...	...	...	1	...	2	1	...	2	3	...	+ 4
Accidents	36	3	...	...	...	1	1	4	1	2	7	4	3	4	6	6	+ 3
Appendicitis	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	— 1
All other Causes	212	18	2	1	2	3	7	2	1	1	7	11	15	29	113	16	— 26
TOTAL DEATHS ...	1089	166	62	29	11	15	34	18	15	29	64	70	115	129	332	44	+196

APPENDIX 8—THE DEATHS AS THEY OCCURRED IN THE WARDS.

CAUSE OF DEATH	WARDS								Transferable deaths (Workhouse).	Other transferable deaths	Total
	North	West	Park	So. West	So. East	Central	N. East	Seaton			
Smallpox	...	...	...	...	...	...	...	...	...	...	...
Measles	1	4	1	4	2	6	3	2	1	2	26
Scarlet Fever	...	1	...	...	...	...	...	...	...	...	1
Whooping Cough	7	2	...	3	10	14	3		1	...	40
Diphtheria and Membranous Croup	1	...	...	...	...	1	...	2	1	8	13
Croup	...	...	...	...	...	...	...	...	...	...	...
Fevers — Typhus	...	...	...	...	...	...	...	...	...	...	...
Fevers — Enteric	...	...	...	...	1	...	1	...	1	5	8
Fevers — Other Continued ...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza ...	3	4	2	6	3	3	3	2	5	2	33
Cholera	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis (under 2 years) ...	...	2	...	...	6	3	2	1	3	...	17
Puerperal Fever and Puerperal Pyrexia ...	...	...	...	...	1	...	...	...	1	...	2
Erysipelas	1	...	...	...	...	...	...	...	1	1	3
Other Septic Diseases ...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	10	6	4	6	7	12	5	...	13	1	64
Tuberculous Meningitis ...	4	1	1	1	1	1	...	...	...	...	9
Other Tuberculous Diseases	...	...	...	2	...	2	2	...	9	...	15
Cancer, malignant disease	6	12	11	10	14	12	8	5	18	8	104
Bronchitis	8	8	4	13	13	12	9	2	3	1	73
Pneumonia	18	7	9	14	21	16	23	6	17	2	133
Cerebro-Spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	1	...	...	...	1	...	1	...	...	3
Pleurisy	...	1	...	1	...	1	1	...	...	...	4
Other Respiratory Diseases	2	3	2	4	2	3	2	2	1	...	21
Alcoholism and Cirrhosis of Liver...	...	...	...	...	...	1	...	...	...	...	1
Venereal Diseases	...	...	...	...	...	...	1	...	1	...	2
Malformations	...	...	1	...	1	...	2	...	1	1	6
Debility	2	...	...	2	5	2	1	...	1	...	13
Marasmus	1	1	...	2	...	3	3	...	8	...	18
Premature Births	...	3	4	3	3	3	6	3	...	1	26
Diseases and Accidents of Parturition & Pregnancy	1	1	...	...	3	...	1	...	...	...	6
Heart Disease	20	10	16	17	17	17	15	4	30	3	149
Nephritis and Bright's Disease	4	4	3	3	1	3	3	2	4	3	30
Other Violent Deaths ...	...	...	...	1	4	3	...	...	1	1	10
Suicides	3	2	...	2	...	...	...	...	1	1	9
Accidents	2	2	1	5	2	8	2	...	4	10	36
Appendicitis	...	1	...	...	...	...	...	...	...	1	2
All other Causes	23	24	22	24	17	21	10	9	54	8	212
TOTAL DEATHS ...	117	100	81	123	134	148	106	41	180	59	1089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APPENDIX 9.—INFANT MORTALITY DURING THE YEAR.

Deaths from stated causes at various ages under 1 year of age.

CAUSE OF DEATH	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1 month & under 3 months	3—6 months	6—9 months	9—12 months	Total deaths under 1 year
Whooping Cough	...	...	...	1	1	2	3	8	4	18
Bronchitis	...	...	1	1	2	6	3	3	7	21
Pneumonia	...	...	...	...	...	1	3	5	10	19
Malformations	1	2	...	2	5	...	1	...	...	6
Debility	5	3	1	1	10	1	1	...	...	12
Marasmus	2	...	1	1	4	4	8	...	2	18
Premature Births	15	5	...	2	22	2	2	...	...	26
Convulsions	2	...	3	1	6	1	3	...	1	11
Measles	...	...	...	...	...	...	...	1	3	4
Influenza	...	...	1	...	1	...	...	...	1	2
Diarrhoea and Enteritis ...	...	...	1	...	1	1	5	2	5	14
Tuberculosis	...	...	...	...	...	...	1	...	1	2
Venereal Diseases	...	1	...	...	1	...	1	...	...	2
Accidents	...	...	1	...	1	...	1	1	...	3
All other Causes	3	...	...	...	3	...	3	2	...	8
Totals	28	11	9	9	57	18	35	22	34	166
All Causes — Certified	26	11	9	8	54	18	34	22	34	162
All Causes — Uncertified ...	2	...	...	1	3	...	1	...	...	4

APPENDIX 5. BIRTHS.

	West Hartlepool	WARDS								Inward Transfers	Outward Transfers
		North	West	Park	S.West	S. East	Central	N.East	Seaton		
Estimated population	69,370	8,610	8,333	8,729	10,586	9,367	10,891	8,391	4,463	...	...
No. of births...	1,455	156	131	121	219	258	287	203	88	39	47
Birth Rates	20·9	18·1	15·7	13·8	20·6	27·5	26·3	14·1	19·7	...	...
Percentage of total births	...	10·7	9·0	8·3	15·0	17·7	19·7	13·9	6·0	...	...

The natural increase of population was 366.

RATES.

1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
16.6	14.7	12.8	13.5	9.3	8.9	10.6	5.2	8.8	5.2

BIRTH RATES.

YEAR	West Hartlepool		England & Wales
	No. of Births	Birth Rate	Birth Rate
1920	2,185	31·2	25·4
1921	2,002	28·8	22·4
1922	1,853	26·4	20·6
1923	1,740	24·5	19·7
1924	1,670	23·3	18·8
1925	1,599	22·3	18·3
1926	1,587	22·3	17·8
1927	1,441	20·1	16·7
1928	1,509	21·6	16·7
1929	1,455	20·9	16·3

APPENDIX 6. MARRIAGES.

Year	Number of marriages	Marriage rate
1920	800	22·8
1921	594	17·1
1922	583	16·6
1923	543	15·3
1924	561	15·8
1925	539	15·05
1926	632	17·7
1927	563	15·7
1928	562	16·1
1929	644	18·6

APPENDIX 10.—INFANT MORTALITY IN THE WARDS.

DISEASE.	North	West	Park	S. West	S. East	Central	N. East	Seat'n	Death in Work-house	Other trans-ferable deaths	Total
Debility, Marasmus and Malformations	3	1	1	4	5	5	6	...	10	1	36
Whooping Cough ...	4	1	...	3	4	5	1	...	...	...	18
Bronchitis	...	1	2	5	5	5	3	...	...	...	21
Pneumonia	4	2	1	...	2	1	8	...	1	...	19
Premature Births ...	...	3	4	3	3	3	6	3	...	1	26
Convulsions	...	3	2	2	1	1	1	1	...	...	11
Measles	1	...	1	...	...	1	1	...	...	...	4
Influenza	...	1	...	...	1	...	...	...	...	...	2
Diarrhoea and Enteritis ...	...	2	...	...	5	2	2	1	2	...	14
Tuberculosis ...	...	...	...	...	...	...	1	...	1	...	2
Venereal Disease ...	...	...	...	...	...	...	1	...	1	...	2
All other causes ..	...	3	1	...	2	2	1	...	2	...	11
Total ...	12	17	12	17	28	25	31	5	17	2	166

APPENDIX 11.—DEATHS.

	West Hartle-pool.	WARDS								Transferable deaths.
		North	West	Park	S. West	S. East	Central	N. East	Seaton	
Estimated population	69,370	8,610	8,333	8,729	10,586	9,367	10,891	8,391	4,463	...
No. of deaths	1,089	117	100	81	123	134	148	106	41	+239
Death rates	15·6	13·5	12·0	9·2	11·6	14·3	13·5	12·6	9·1	...
Percentage of total deaths	...	10·7	9·1	7·4	11·2	12·3	13·5	9·7	3·7	21·9

DEATH RATES.

Year	West Hartlepool		England & Wales Death rate
	No. of Deaths	Death rate	
1920	1,019	14·5	12·4
1921	979	14·1	12·1
1922	956	13·6	12·9
1923	780	10·9	11·6
1924	1,000	13·9	12·2
1925	960	13·4	12·2
1926	833	11·7	11·6
1927	1,070	14·9	12·3
1928	893	12·7	11·7
1929	1,089	15·6	13·4

APPENDIX 12.—TRANSFERABLE DEATHS.

INSTITUTION.	MALES	FEMALES	TOTAL
Hartlepool Union Infirmary	109	71	180
Port Sanitary Hospital, Hartlepool	4	11	15
Hartlepools Hospital	12	6	18
Stockton and Thornaby Hospital	3	...	3
County Lunatic Asylum, Sedgefield	2	1	3
York County Asylum	...	1	1
Darlington Hospital	...	1	1
Royal Victoria Infirmary, Newcastle	1	...	1
Other Areas	11	6	17
Totals	142	97	239

APPENDIX 13.—INFANTILE MORTALITY RATES.

Year	West Hartlepool			England & Wales Rate
	Births	Deaths	Rate	
1920	2,185	225	102	80
1921	2,002	192	95	83
1922	1,853	186	100	77
1923	1,740	160	91	69
1924	1,670	147	88	75
1925	1,599	163	101	75
1926	1,587	118	74	70
1927	1,441	142	98	69
1928	1,509	108	71	65
1929	1,455	166	114	74

INFANT DEATHS.

WARD MORTALITY RATES.

	West Hartlepool	WARDS								Transferable births or deaths
		North	West	Park	S. West	S. East	Central	N. East	Seaton	
No. of births	1,455	156	131	121	219	258	287	203	88	— 8
No. of deaths	166	12	17	12	17	28	25	31	5	+19
Infant mortality rate	114	76	129	99	77	108	87	152	56	...

The sexes of the children who died were :—

	1924	1925	1926	1927	1928	1929
Males	... 86	87	66	82	66	83
Females	... 61	76	52	60	42	83
Totals ...	147	163	118	142	108	166

APPENDIX 14.

CANCER DEATHS.

Year	No. of deaths	Males	Females	Death rate	Deaths from all causes	Percentage of total deaths
1920	59	25	34	·84	1,019	5·8
1921	74	30	44	1·06	979	7·5
1922	82	40	42	1·18	956	8·5
1923	67	30	37	·94	780	8·6
1924	79	46	33	1·1	1,000	7·9
1925	97	47	50	1·3	960	10·1
1926	69	34	35	·97	833	8·2
1927	90	39	51	1·26	1,070	8·4
1928	92	45	47	1·3	893	10·3
1929	104	48	56	1·48	1,089	9·5

APPENDIX 16.

WEEKLY RETURN OF DEATHS FROM CHEST DISEASES.

Week ending :

Disease	5th Jan.	12th Jan.	19th Jan.	26th Jan.	2nd Feb.	9th Feb.	16th Feb.	23rd Feb.	2nd Mar.	9th Mar.	16th Mar.	23rd Mar.	30th Mar.	6th Apl.	13th Apl.	20th Apl.	27th Apl.	4th May	11th May	18th May	25th May	1st June	8th June	15th June	22nd June	29th June	6th July
Whooping Cough	1	1	...	2	2	1	5	7	...	6	5	1	1	...	...	2	...	...	1	...	...	2	...	...	...	...	...
Influenza ...	...	...	...	...	1	...	2	2	5	1	5	4	2	...	1	1	2	...	...	1	...	...	...	...	...	1	...
Phthisis ...	...	2	...	1	2	3	1	6	...	1	...	...	2	1	2	1	1	2	...	...	...	1	...	2	3	...	2
Bronchitis ...	1	2	1	5	3	2	7	5	3	1	5	4	1	1	3	2	...	1	...	1	...	2	1	1	...	...	1
Pneumonia	...	2	3	3	11	2	8	5	6	8	6	6	6	3	2	2	...	2	4	1	2	2	6	3	2	2	1
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Disease	1	...	5	4	...	3	8	6	6	7	5	8	4	3	4	3	4	5	3	1	1	2	2	2	3	2	...
Other Respiratory Diseases ...	1	...	1	...	...	...	...	...	...	1	1	1	...	...	...	1	3	...	...	...	1	...	...	...	2	...	...
Totals ...	4	7	10	15	19	11	31	31	20	25	27	25	17	8	12	12	11	10	8	4	4	9	9	8	10	5	4

Week ending :

Disease	13th July	20th July	27th July	3rd Aug.	10th Aug.	17th Aug.	24th Aug.	31st Aug.	7th Sept.	14th Sept.	21st Sept.	28th Sept.	5th Oct.	12th Oct.	19th Oct.	26th Oct.	2nd Nov.	9th Nov.	16th Nov.	23rd Nov.	30th Nov.	7th Dec.	14th Dec.	21st Dec.	28th Dec.	29-31 Dec.	Total
Whooping Cough	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	40
Influenza ...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	...	33
Phthisis ...	1	2	...	2	...	1	...	...	2	1	3	2	2	...	1	2	...	3	2	1	...	...	...	4	2	...	64
Bronchitis ...	...	...	...	1	...	...	1	1	...	2	...	1	...	2	...	...	1	1	...	...	1	1	2	2	4	...	73
Pneumonia	4	...	2	2	...	2	1	1	2	...	...	...	...	...	3	3	...	1	3	...	1	1	2	2	3	2	133
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4
Heart Disease	2	...	4	3	1	1	1	...	...	5	1	5	1	2	2	2	4	1	3	5	3	4	2	3	2	...	149
Other Respiratory Diseases ...	...	1	...	1	1	...	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	...	21
Totals ...	7	4	6	10	2	4	3	2	4	10	4	8	3	6	8	8	5	7	8	6	6	8	7	12	11	2	517

APPENDIX 15.

CANCER DEATHS—PARTS OF BODY AFFECTED.

Parts affected	Age	Under 35		35 to 45		45 to 55		55 to 65		65 to 75		75 and up		Total	
	Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Peritoneum, Intestines and Rectum ...		...	1	2	...	2	2	4	3	3	3	2	2	13	11
Stomach, Liver, etc. ...		...	1	2	2	3	1	5	8	7	6	2	1	19	19
Reproductive Organs ...		...	...	...	4	1	5	...	3	...	1	...	...	1	13
Breast		...	...	...	...	...	1	...	2	...	3	...	1	...	7
Other Glands		...	...	...	1	1	1	...	...	...	...	1	...	2	2
Mouth		...	...	...	...	...	...	5	1	4	...	1	...	10	1
Bones		...	...	...	...	1	...	...	...	...	...	...	...	1	...
Other Parts		1	1	...	...	...	1	...	...	...	1	1	...	2	3
Totals		1	3	4	7	8	11	14	17	14	14	7	4	48	56

The deaths were ascribed to :—

	No. of deaths.
Carcinoma	84
Sarcoma	7
Epithelioma	2
Cancer (no classification)	11
Total ...	104

APPENDIX 17.—NOTIFIABLE DISEASES DURING THE YEAR. HOSPITAL TREATMENT.

DISEASE.		Total cases notified	No. of such cases admitted to Hospital.	Total deaths.
Diphtheria		140	82	13
Scarlet Fever		95	52	1
Puerperal Fever		4	3	2
Puerperal Pyrexia		10	1	...
Pneumonia		302	12	133
Other diseases generally notifiable ...				
Chickenpox		339	...	...
Erysipelas		31	4	3
Ophthalmia Neonatorum		17	3	...
Encephalitis Lethargica		3	...	3
Typhoid Fever		39	30	8
Poliomyelitis		2	...	...
Dysentery		1	1	...
Tuberculosis—				
(a) Pulmonary ...	Males ...	38	13	
	Females ...	43	19	
	Total ...	81	32	64
(b) Non-pulmonary	Males ...	41	31	
	Females ...	40	25	
	Total ...	81	56	24

DISEASE	HOSPITAL						Total
	Grant'lly M'tern'ty Home	Cameron Hospital	Howbeck Infirm'ry	Hartle-pools Hospital	Port Sanitary Hospital	Private Nursing Home, Middles-bro'	
Diphtheria	...	...	...	...	82	...	82
Scarlet Fever	...	...	...	...	52	...	52
Puerperal Fever	...	...	2	...	...	1	3
Puerperal Pyrexia	1	...	...	...	...	...	1
Pneumonia	...	2	9	1	...	...	12
Typhoid Fever	...	...	...	...	30	...	30
Erysipelas	...	...	1	...	3	...	4
Ophthalmia Neonatorum ...	1	...	2	...	...	...	3
Dysentery	...	...	...	...	1	...	1
Pulmonary Tuberculosis ...	...	1	31	...	...	...	32
Non-pulmonary Tuberculosis	...	4	39	13	...	...	56
Total	2	7	84	14	168	1	276

Disease	Cases			Vision un-impaired	Vision impared	Total blind-ness	Deaths
	Notified	Treated					
		At home	Hospital				
Ophthalmia Neonatorum	17	14	3	15	1	1	...

NOTIFIED CASES OF INFECTIOUS DISEASES, 1910—1929.

Disease	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Smallpox	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	35	11	4	1	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	252*a*	117*b*	394	674	339
Scarlet Fever	192	118	151	330	146	78	61	32	117	506	213	142	96	167	327	254	242	138	136	95
Diphtheria (including Membraneous Croup) ...	72	66	92	69	29	43	37	25	32	31	55	39	20	37	43	41	52	97	108	140
Erysipelas	29	20	26	35	44	35	18	23	31	30	23	19	20	18	27	27	26	19	31	31
Enteric Fever	17	17	15	7	16	11	9	1	7	4	5	8	3	5	8	2	...	4	1	39
Puerperal Fever	2	1	2	1	3	1	4	4	4	7	8	6	10	9	5	5	3	3	4	4
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	17	19	10
Cerebro-Spinal Meningitis ...	...	...	...	...	1	...	6	3	3	7	2	1	...	...	...	1	...	...	...	...
Poliomyelitis	...	...	...	...	...	1	...	...	...	2	1	...	2	3	...	...	...	...	1	2
Pulmonary Tuberculosis ...	...	31	164	211	112	127	104	134	175	118	91	130	104	100	82	89	104	113	99	81
Other Forms of Tuberculosis ...	...	...	...	152	85	79	103	117	87	51	77	64	65	64	47	70	97	68	83	81
Ophthalmia Neonatorum ...	...	...	...	7	25	21	42	35	41	49	62	28	39	24	19	14	22	11	22	17
Measles	...	...	...	...	...	...	39	1694	1835	308	*c*	*c*	*c*	*c*	*c*	*c*	*c*	*c*	*c*	*c*
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	5	1	2	2	1	3
Polioencephalitis	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	3	2	...	...	1	...	...	...	...	1	1
Malaria	...	...	...	...	...	...	...	...	...	45	3	...	...	...	...	...	...	...	1	...
Pneumonia	...	...	...	...	...	...	...	...	...	117	156	115	133	110	257	219	88	319	268	302
Totals	313	253	452	812	461	396	423	2068	2332	1282	701	552	492	538	820	1005	775	1189	1450	1145

a—Notifiable for 6 months of year. *b*—Notifiable from 29/9/26. *c*—No longer notifiable.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES—NOTIFIED CASES, 1929.

DISEASE.	Cases notified in whole district.													Ward distribution of cases.								No. of cases removed to hospital	Total deaths in the Borough
	At All ages	At age groups—years.												N'th	West	Park	S West	S East	Central	N East	Seaton		
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up										
Chickenpox	339	19	23	24	28	26	195	20	2	2	...	...	...	32	42	48	64	52	49	27	25	...	...
Scarlet Fever	95	2	3	4	8	6	33	21	5	11	2	...	...	12	9	26	23	5	5	11	4	52	1
Typhoid Fever	39	...	1	1	...	1	6	2	7	14	4	2	1	3	2	8	5	9	10	2	...	30	8
Diphtheria	140	...	3	6	13	7	70	20	9	10	1	1	...	19	17	24	25	9	24	12	10	82	13
Puerperal Fever	4	...	...	...	...	...	...	...	...	4	...	...	...	1	2	...	1	...	...	...	...	3	2
Puerperal Pyrexia ...	10	...	...	...	...	...	...	...	...	7	2	1	...	1	1	2	...	2	2	1	1	1	...
Pneumonia	302	22	25	25	13	13	49	10	22	45	23	39	16	32	22	26	41	63	61	43	14	12	133
Erysipelas	31	1	...	...	...	1	1	1	1	4	10	11	1	4	4	3	3	4	6	5	2	4	3
Ophthalmia Neonatorum	17	17	...	...	...	...	...	...	...	...	...	...	...	2	4	1	3	3	3	1	...	3	...
Encephalitis Lethargica ...	3	...	1	1	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	3
Poliomyelitis	2	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Dysentery	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...
Pulmonary Tuberculosis ...	81	...	1	1	...	1	4	5	9	31	14	14	1	10	11	5	6	12	20	14	3	32	64
Non-pulmonary Tuberculosis ...	81	5	14	8	5	2	19	10	...9	6	1	2	...	11	7	7	4	20	17	10	5	56	24
Totals	1145	66	71	70	69	57	377	90	64	135	57	70	19	127	123	151	177	179	197	126	65	276	251

APPENDIX 20.—VACCINATION STATISTICS.

	Number.
Births registered	1463
Successfully vaccinated	923
Conscientious objectors	303
Died unvaccinated	82
Insusceptible	23
Postponed by Medical certificate	29
Removed to other districts	7
Lost sight of	22
Still under notice	73

Percentage of unvaccinated children for past 10 years :—

1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
26.1%	28.3%	25.3%	19.8%	16.8%	15.6%	16.3%	16.5%	17.8%	20.7%

APPENDIX 21.

TUBERCULOSIS—Number of cases on the Register on the 31st Dec., 1929.

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Males	Females	Total	Males	Females	Total	
100	94	194	125	118	243	437

APPENDIX 22.

TUBERCULOSIS—New Cases and Mortality during 1929.

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0	...	...	3	2	...	...	1	1
1 year	3	...	16	13	1	...	8	3
5 years ...	2	2	12	7	...	...	3	2
10 ,, ...	2	3	2	8	1	2	...	1
15 ,, ...	...	9	5	4	...	8	...	...
20 ,, ...	3	14	2	1	3	8	...	...
25 ,, ...	8	6	1	2	10	7	...	...
35 ,, ...	9	5	...	1	4	8	...	1
45 ,, ...	6	4	...	1	11	2	...	...
55 ,, ...	4	...	...	1	1	...	...	1
65 ,, and upwards ...	1	...	...	...	...	...	...	...
Totals ...	38	43	41	40	31	35	12	9

APPENDIX 23.

ALL NOTIFIED CASES OF TUBERCULOSIS, 1929.

AGE	Lungs			Abdomen			Meninges			Joints			Spine			Other Organs			Disseminated			All Forms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1 year	...	...	...	2	2	4	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	3	2	5
1— 2 years	1	...	1	6	4	10	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...	9	6	15
2— 3 ,,	1	...	1	...	2	2	3	1	4	1	...	1	...	...	...	...	1	1	...	...	...	5	4	9
3— 4 ,,	...	...	...	1	...	1	...	...	...	...	1	1	1	1	2	1	...	1	...	...	...	3	2	5
4— 5 ,,	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	1	3
5—10 ,,	2	2	4	3	4	7	4	...	4	1	...	1	1	...	1	3	2	5	...	1	1	14	9	23
10—15 ,,	2	3	5	...	3	3	...	...	...	...	...	...	...	...	...	2	5	7	...	...	...	4	11	15
15—20 ,,	...	9	9	1	...	1	...	...	...	3	...	3	...	...	...	1	4	5	...	...	...	5	13	18
20—25 ,,	3	14	17	...	...	...	...	...	...	1	1	2	...	...	...	1	...	1	...	...	...	5	15	20
25—35 ,,	8	6	14	...	1	1	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	9	8	17
35—45 ,,	9	5	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	9	6	15
45—55 ,,	6	4	10	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	6	5	11
55—65 ,,	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	4	1	5
Over 65	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Totals ...	38	43	81	14	16	30	8	2	10	7	5	12	3	1	4	9	14	23	...	2	2	79	83	162

APPENDIX 24.

TUBERCULOSIS.

RESIDENTIAL INSTITUTIONS.

(A) Average Number of Beds available for Patients during the year 1929.

	Observation	Pulmonary Tuberculosis		Non-pulmonary Tuberculosis		TOTAL
		Sanatorium beds	Hospital beds	Disease of Bones & Joints	Other conditions	
Adult Males	1	2	...	...	...	3
Adult Females	1	4	...	...	...	5
Children under 15	1	4	...	3	...	8
Total	3	10	...	3	...	16

(B) Return showing the extent of Residential Treatment during the year 1929.

			In institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the institutions	In institutions on Dec. 31
Number of Patients ...	Adults	M	2	6	4	...	4
		F	3	6	7	...	2
	Children	M	4	...	...	...	4
		F	5	2	5	...	2
Number of observation Cases	Adults	M	...	1	1	...	...
		F	...	3	3	...	...
	Children	M	...	2	2	...	...
		F	...	1	1	...	...
Total			14	21	23	...	12

APPENDIX 25.

TUBERCULOSIS.

AVERAGE RESIDENCE AND COST.

(A)—SANATORIUM TREATMENT.

Name of Sanatorium	Form of Disease			Total days residence	Average residence per patient (days)	Total Cost		
	Pulmonary	Non-Pulmonary	Observation			£	s.	d.
Barrasford	17	...	3	1941	97	783	3	...
Stannington ...	6	5	2	2738	210	895	10	9
Totals ...	23	5	5	4679	142	1678	13	9

NOTE—Children were sent to Stannington and Adults to Barrasford.

(B)—SURGICAL TREATMENT.

Institution.	Form of Disease.		Total days residence	Average days residence per patient	Total Cost.		
	Spine	Ankle			£	s.	d.
Hartlepools Hospital ...	2	1	156	52	68	...	...

(C)—ULTRA VIOLET RAYS.

Patients were given "light" treatment at the Hartlepools Hospital at an agreed figure of 1/6 per attendance.

Number of Patients	Total No. of Exposures	Average No. of Exps. per Patient	Total Cost		
			£	s.	d.
63	1244	19	93	6	—

APPENDIX 26—Tuberculosis.

Return showing the Work of the Dispensary during the year 1929.

DIAGNOSIS.	Pulmonary				Non-pulmonary				Total			
	Adults.		Children		Adults.		Children		Adults.		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A—New Cases examined during the year (excluding contacts) :												
(*a*) Definitely tuberculous...	13	15	1	1	5	5	12	17	18	20	13	18
(*b*) Doubtfully tuberculous	...	...	...	...	...	...	...	...	2	5	9	8
(*c*) Non-tuberculous ...	...	...	...	...	...	...	...	...	6	7	10	5
B—Contacts examined during the year : ...												
(*a*) Definitely tuberculous...	...	...	...	...	...	...	1	...	...	...	1	...
(*b*) Doubtfully tuberculous	...	...	...	...	...	...	...	...	1	5	2	5
(*c*) Non-tuberculous ...	...	...	...	...	...	...	...	...	7	13	11	11
C—Cases written off the Dispensary Register as												
(*a*) Cured	...	1	...	...	3	5	2	2	3	6	2	2
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	19	27	32	23
D—Number of Persons on Dispensary Register on December 31st :—												
(*a*) Diagnosis completed ...	54	42	12	13	26	48	69	35	80	90	81	48
(*b*) Diagnosis not completed	...	...	...	...	...	...	...	...	...	3	3	7

1. Number of persons on Dispensary Register on January 1st ... 313
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... 8
3. Number of patients transferred to other areas and cases "lost sight of" 35
4. Died during the year 37
5. Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months ... 18
6. Number of attendances at the Dispensary (including Contacts) 1062
7. Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision ... ...
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for
   (*a*) "Light" treatment 1243
   (*b*) Other special forms of treatment ... ...
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary 3
10. Number of consultations with medical practitioners :—
    (*a*) At Homes of Applicants ... 3
    (*b*) Otherwise 45
11. Number of other visits by Tuberculosis Officers to Homes... ...
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... 793
13. Number of
    (*a*) Specimens of Sputum, etc., examined, ... 231
    Plus additional 292 for Doctors.
    (*b*) X-ray examinations made in connection with Dispensary work ...
14. Number of Insured Persons on Dispensary Register on the 31st December 88
15. Number of Insured Persons under Domiciliary Treatment on the 31st December... ... 37
16. Number of reports received during the year in respect of Insured Persons :—
    (*a*) Form G.P. 17 17
    (*b*) Form G.P. 36 15

APPENDIX 27.—Tuberculosis.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from residential institutions during the year 1929.

Classification on admission to the institution		Condition at time of discharge	Duration of residential treatment in institution.											
			Under 3 months			3—6 months			6—12 months			More than 12 months		
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Pulmonary Tuberculosis	Class T.B. minus	Quiescent	...	...	...	...	...	1	...	...	...	...	...	3
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	1	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 1	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 2	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	2	1	...	1	3	...	1	2	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 3	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary Tuberculosis	Bones & Joints	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	1
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...
		Died in institution ...	...	...	...	...	...	...	...	...	...	...	...	...

		Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks		
Observation for purpose of diagnosis	Tuberculous	...	...	...	...	...	...	1	...	1	...	1	...
	Non-tuberculous	...	...	...	...	...	...	...	2	1	...	...	1
	Doubtful	...	...	...	...	...	...	...	...	...	...	...	...

APPENDIX 28.—TUBERCULOSIS.

PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all patients whose case records are in the possession of the Dispensary at the end of 1929, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926					1927					1928					1929				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
ALIVE	Discharged as cured	Adults M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Disease Arrested	Adults M	3	...	...	1	1	...	...	1	...	1	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...
		Adults F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children M	3	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children F	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Disease not arrested	Adults M	...	1	1	2	4	...	1	1	1	3	2	4	4	1	9	1	4	2	1	7	3	2	3	4	9
		Adults F	4	2	1	...	3	1	...	2	1	3	1	1	3	...	4	...	2	4	1	7	1	3	5	1	9
		Children M	3	...	...	...	...	2	...	...	...	...	4	...	...	...	...	3	...	...	...	...	1	...	...	...	...
		Children F	2	...	...	...	...	1	...	...	...	...	5	...	...	...	...	6	...	...	...	...	2	...	...	...	...
Condition not ascertained during the year			2	...	...	1	1	1	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Lost sight of or otherwise removed from dispensary register			11	1	4	3	8	9	2	1	2	5	4	2	2	1	5	4	2	1	1	4	1	...	...	2	2
Dead		Adults M	...	1	2	8	11	...	1	3	10	14	1	2	3	3	8	1	1	1	8	10	...	...	...	2	2
		Adults F	1	2	1	3	6	...	1	2	7	10	...	1	...	5	6	1	1	...	5	6	1	1	...	3	4
		Children M	3	...	...	...	...	2	...	...	...	...	4	...	...	1	1	...	...	...	...	...	...	...	...	1	1
		Children F	2	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Totals ...			43	8	9	18	35	18	5	10	21	36	23	11	13	12	36	16	10	9	16	35	9	6	8	13	27

APPENDIX 29—TUBERCULOSIS.

NON-PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all patients whose case records are in the possession of the dispensary at the end of 1929, arranged according to the years in which the patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926					1926					1927					1928					1929				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
ALIVE	Discharged as cured	Adults M	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children M	6	2	1	2	11	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children F	1	1	...	6	8	1	...	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Disease arrested	Adults M	1	...	...	...	1	1	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1
		Adults F	1	...	2	...	3	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	2	2
		Children M	4	...	4	5	13	3	1	...	7	11	4	2	1	4	11	2	1	...	8	11	1	...	...	2	3
		Children F	1	...	...	2	3	2	...	...	4	6	...	1	...	3	4	3	3	...	6	12	1	3	2	4	10
	Disease not arrested	Adults M	...	...	...	...	...	...	...	1	...	1	....	...	...	2	2	2	...	1	...	3	3	...	...	1	4
		Adults F	...	...	2	2	4	...	...	1	...	1	...	...	...	...	...	1	...	1	1	3	1	...	...	...	1
		Children M	1	...	1	1	3	...	...	2	2	4	1	...	1	...	2	3	...	1	5	9	2	4	1	3	10
		Children F	...	...	4	3	7	...	...	1	...	1	2	...	1	1	4	1	1	...	2	4	3	2	1	2	8
Transferred to Pulmonary			...	2	1	4	7	...	...	...	...	...	....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year			...	1	1	1	3	2	...	...	1	3	1	...	1	1	3	...	...	...	3	3	...	...	...	...	...
Lost sight of or otherwise removed from Dispensary register			4	1	4	4	13	3	1	5	3	12	2	...	...	4	6	3	...	...	2	5	...	...	...	...	...
Dead		Adults M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children M	...	1	...	...	1	1	...	...	2	3	...	...	1	...	1	...	...	...	...	...	1	...	...	...	1
		Children F	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Totals ...			21	9	20	30	80	16	2	11	21	50	10	3	5	17	35	15	5	3	27	50	12	10	4	15	41

APPENDIX 30.

Summary (for reference) of nursing arrangements, hospitals and other institutions in the district.

1. Professional nursing in the home.
   (a) General—This is carried out by the Voluntary Nursing Acssociation
   (b) Infectious Diseases—All cases of Ophthalmia Neonatorum and cases of Pneumonia and Puerperal Fever are undertaken by the Health Visitors.
   (c) Midwives—Names and addresses of midwives practising in the district are shown in Appendix 32.

2. Hospitals and other institutions in the district.
   (a) General—Cameron Hospital.
   (b) Maternity—Grantully Maternity Home.

APPENDIX 31.—CLINICS AND TREATMENT CENTRES.

Situation.	Nature of accom-modation	By whom provided	Remarks.
Maternity Centres :—			
St. Oswald's Mission Room, Dale Street	2 rooms	Local A'thority	1 Session weekly.
Men's Club, Ashburn Street, Seaton Carew	2 rooms	,,	1 do. do.
Mission Room, Alice Street	1 room	,,	1 do. do.
St. James' Mission Room, Whitby Street	3 rooms	,,	1 do. do.
Ante-natal Clinic :—			
Grantully Maternity Home	1 room	,,	1 do. do.
School Clinic :—			
Mill House, Stranton	4 rooms	,,	4 minor ailment clinics weekly. 5 Dental clinics weekly 2 Ophthalmic clinics weekly.
Tuberculosis Dispensary :—			
Mill House, Stranton ...	3 rooms	,,	2 clinics weekly.
Venereal Diseases Clinic :—			
Mill House Stranton ...	3 rooms	,,	3 clinics weekly, Men 2 ; Women 1

APPENDIX 32.

Midwives Act, 1902.

MIDWIVES ON ROLL, 1929.

No. on Midwives Roll	Date of Certificate.	Name.	Address.
53585	13th April, 1921	Mrs. D. Barlow	4, Jesmond Road.
56187	11th February, 1922	Mrs. I. Batey,	95, Alma Street.
39605	21st February, 1914	Mrs. M. G. Craven,	The "Furze," Stockton Road.
46066	11th August, 1916	Mrs. H. E. Grainger,	"Amalinda," Windermere Road.
41264	20th February, 1915	Miss A. Nixon,	Nursing Home, Eldon Grove.
63519	14th June, 1924	Mrs. M. A. Mitchell,	98, Chatham Road.
63984	9th August, 1924	Miss E. King,	51, Tower Street.
67863	31st December, 1925	Mrs. O. Kay,	18, South Scarborough Street
72784	25th February, 1928	Miss H. E. Hutchinson,	49, Burn Road.
69658	14th August, 1926	Mrs. C. F. Montgomerie,	51, Collingwood Rd.
48706	10th May, 1919	Mrs. J. A. Coward,	67, South Parade.
74766	24th November, 1928	Mrs. W. Pickering,	149, Studley Road.
67935	12th December, 1925	Mrs. B. Phillips,	39, Stockton Road.
70171	16th December, 1926	Miss M. Peart,	191, Alma Street.
34761	28th October, 1911	Mrs. A. E. Skeen,	67, South Parade.
5581	21st August, 1923	Miss J. Wight,	Grantully Maternity Home
58166	9th August, 1922	Miss G. M. Wilkinson,	do.
72839	25th February, 1928	Miss H. L. McKendrick,	do.
73278	16th May, 1928	Miss J. Garbutt,	do.

APPENDIX 33.

CONDITIONS FOR WHICH DOCTORS WERE SUMMONED IN AN EMERGENCY BY MIDWIVES.

The figures in brackets indicate insured cases.

PREGNANCY—		
Miscarriage	4	
Ante Partum Haemorrhage	3	(3)
Purulent Vaginal Discharge	1	(1)
Abortion	2	
Albuminuria	1	(1)
Illness of mother	2	(1)
	13	(6)
LABOUR—		
Prolonged	65	(49)
Ruptured Perineum	53	(39)
Ante Partum Haemorrhage	1	
Retained Membranes	1	(1)
Precipitate Labour	1	(1)
Adherent Placenta	2	
Placenta Praevia	2	(1)
Malpresentation	8	(4)
Eclampsia	1	
Hydrammous	1	
Prolapse of Cord	1	(1)
Contracted Pelvis	1	(1)
Abnormal Labour	1	
	138	(97)
PUERPERIUM—		
Rise of Temperature	6	(1)
Post Partum Haemorrhage	6	(3)
Persistent Vomiting	1	(1)
Illness of Mother	13	(8)
	26	(13)
INFANT—		
Stillbirth	5	
Feebleness of Infant	16	(6)
Stricture	2	
Tongue Tie	5	(4)
Rash on Child	1	
Discharge from Eyes	13	(5)
Convulsions	1	
Premature	5	(3)
Injury to Spine	1	(1)
Discharge from umbilicus	1	
Jaundice	1	(1)
Enlargement of breasts	1	
Phimosis	1	(1)
	53	(21)
Total	230	(137)

APPENDIX 34.

ANTE-NATAL AND INFANT WELFARE CENTRES.

Centre	Total No. of children attending Centre	Total attend-ances	No. of children who made first attend-ances	No. of visits made by these children	No. of children who attended previous years	No. of visits made by these children	No. of new attenders under one year of age	No. of new attenders between 1—5 years	Ante-natal atten-ders
Grantully ...	...	115	...	...	...	...	...	...	59
Dale Street ...	541	3490	303	1804	238	1686	212	91	...
Alice Street ...	327	2771	170	1797	157	974	110	60	...
Seaton Carew	51	272	29	168	22	104	16	13	...
Whitby Street	496	2889	318	1576	178	1313	241	77	...
Totals ...	1415	9537	820	5345	595	4077	579	241	59

APPENDIX 35.

DEFECTS FOUND IN INFANTS ATTENDING AT CENTRES.

DISEASE.	CENTRE.				Total
	Dale St.	Alice St.	Seaton	Whitby St.	
Debility	...	3	...	6	9
Rickets	11	8	2	14	35
Hernia	15	12	1	14	42
Bronchitis	10	4	...	4	18
Diarrhoea (sickness due to improper feeding, etc.)	9	6	1	3	19
Skin Disease	21	8	1	14	44
Phimosis	4	2	1	3	10
Improper Feeding	...	2	3	16	21
Over Feeding	...	2	1	30	33
Constipation	13	6	1	11	31
Tonsils and Adenoids ...	3	...	...	...	3
Dental Treatment required	5	...	...	1	6
Whooping Cough	...	...	1	...	1
Ophthalmia Neonatorum ...	...	...	...	2	2
Ottorrhoea	...	1	...	...	1
Blepharitis	...	1	...	...	1
Other Defects	26	10	2	9	47
Totals ...	117	65	14	127	323

APPENDIX 36.—METHODS OF FEEDING (First Attenders).

Method.	All Centres		Total
	Regular Hours	Irregular hours	
Natural (breast)	367	101	468
Artificial (various)	157	5	162
Combined (natural and artificial) ..	39	5	44
Children over 1 year—various diets ..	137	7	144
Breast feeding over 1 year of age ..	...	2	2
Totals	700	120	820

APPENDIX 37.—MATERNITY AND CHILD WELFARE.

Statistics for the Year 1929.

Population according to the Census of 1921, 68,641.

BIRTHS—

Registered	(1) Legitimate	(2) Illegitimate	(3) Total
	(*a*) Live Births 1394	(*a*) Live Births 61	(*a*) Live Births 1455
	(*b*) Still Births 49	(*b*) Still Births 2	(*b*) Still Births 51
Notified within 36 hours of birth	(1) Live Births 1310	(2) Still Births 43	(3) Total 1353
	(1) By Midwives 805	(2) By Parents and Doctors 548	

INFANT DEATHS—

Number	(1) Legitimate 158	(2) Illegitimate 8	(3) Total 166
Rate per 1,000 births	(1) Legitimate 108·5	(2) Illegitimate 5·4	(3) Total 114

MATERNAL DEATHS—

Number of Women dying in, or in consequence of, Childbirth—

(*a*) From Sepsis 2 (*b*) Other Causes 6.

MIDWIVES—

Number practising in the District. (1) Trained 19. (2) Untrained —.

Number of cases attended in 1929, 848. Number of cases in which medical aid was summoned, 230.

Number of maternal deaths notified in accordance with Rule E 22 (1) (b) of the Central Midwives Board, 3.

MATERNITY HOMES—

Number registered at 31st December, 1929, under the Nursing Homes Registration Act, 1927. (This includes Homes carried on by persons previously registered under Part II of the Midwives and Maternity Homes Act, 1926, or under Local Acts which provided for the registration of Maternity Homes)—(See Section 12 (3) of the Act of 1927), 2.

Number of Institutions exempted under Section 11 of the Act of 1926 or Sections 6 and 7 of the Act of 1927, 2.

HEALTH VISITORS. Visits paid by Health Visitors during the year—

To Expectant Mothers	(1) First Visits, 535	(2) Total Visits, 2152
To Infants under 1	(1) First Visits 1,338	(2) Total Visits, 4,958
To Children 1—5	Total Visits 5,696.	

MUNICIPAL CENTRES AND CLINICS.

Address	Whether sessions are held weekly or fortnightly, etc.	Day and time of meeting	Average attendance per session		Number who attended for the first time		Present arrangements for medical supervision
			Expectant mothers	Children	Expectant mothers	Children	
Dale St. Mission	Weekly	Monday, 2-30 p.m.	...	71	.....	303	Assistant M.O.H.
Alice St. Mission	Weekly	Wed., 2-30 p.m.	...	55	.....	170	Assistant M.O.H.
Men's Club, Seaton Carew	Weekly	Wed., 2-30 p.m.	...	6	.....	29	M.O.H.
Whitby St.Mission	Weekly	Thurs., 2-30 p.m.	...	58	.....	318	Assistant M.O.H.
"Grantully" Maternity Home	Weekly	Fri., 2-30 p.m.	2	....	59	...	Assistant M.O.H.

INFECTIOUS DISEASES.

	Number of cases notified	Number of cases visited	Arrangements made for nursing and terms	Number of cases nursed	Number of cases removed to Hospital
Ophthalmia Neonatorum	17	17	H'th visitors under doctors instruct'ns	13	3
Puerperal Fever	4	4	He'lth nurse under doctors instruct'ns	—	3
Puerperal Pyrexia	10	10	He'lth nurse under doctors instruct'ns	3	1
Poliomyelitis (Children under 5)	2	—	Following up is carried out by the health visitors	—	—

APPENDIX 38

WORK OF THE HEALTH VISITORS.

	Primary	Second'y	Total
Maternity and Child Welfare :—			
Visits to children under one year of age	1338	3620	4958
Visits to children between one and five years	...	...	5696
Visits for complications in mother (treatment)	...	...	15
Visits for cases for ophthalmia neonatorum	17	198	215
Visits to expectant mothers	535	1617	2152
Visits to Midwives	...	...	83
Tuberculosis :—			
Visits to cases...	148	1411	1559
Health Work :—			
Visits to cases of pneumonia	267	...	267
Cases of pneumonia receiving treatment	...	68	68
Treatment of ears	...	...	...
Treatment of eyes	...	...	37
Visits to mental defectives	...	...	47
Visits for treatment of V.D. patients	...	...	15
Visits for treatment of puerperal fever	4	...	4
Visits for treatment of puerperal pyrexia	10	13	23
Visits to cases of measles	...	...	9
Visits to cases of whooping cough	...	...	7
*School Work :—			
Visits to schools	...	...	9
Visits to schools with S.M.O.	...	...	2
Visits to schools with dentist	...	...	...
Following up : Verminous cases	...	...	9
Eye defects	...	...	...
Chickenpox	...	...	1
Measles	...	...	1
Impetigo	...	...	2
Enlarged tonsils and adenoids	...	...	5
Other medical defects	...	...	22
Special enquiries	...	...	131
Clinics attended :—			
Dispensary	...	...	11
Baby	...	...	356
Ante-natal	...	...	48
Tuberculosis	...	...	137
Venereal diseases	...	...	123
School	...	...	45
Dental	...	...	70

* Part of the time of one Health Visitor is devoted to school work.

APPENDIX 39

VENEREAL DISEASES.

Attendances at Corporation Clinic.

	Syphilis		Soft Chancre		Gonorrh'a		Conditions other than venereal		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases which—										
At the beginning of the year under report were under treatment or observation for	18	14	...	...	23	7	...	...	41	21
Had been marked off in a previous year as having ceased to attend or as transferred to other Centres and which returned to the treatment Centre during the year under report suffering from the same infection...	5	2	1	...	18	1	2	...	26	3
Totals	23	16	1	...	41	8	2	...	67	24
2. (*a*) Number of cases dealt with at the Treatment Centre during the year for the first time with infections of										
1. Less than one year's standing	37	5	7	...	100	9	40	8	184	22
2. More than one year's standing	11	7	...	...	1	2	...	...	12	9
Totals, items 1 and 2 (*a*)	71	28	8	...	142	19	42	8	263	55
2. (*b*) Number of cases included in item 2 (*a*) known to have received previous treatment at other Centres for the same infection...	22	2	...	...	20	5	...	...	42	7
3. Number of cases which ceased to attend—										
(*a*) Before completing the first course of treatment for... ...	6	4	...	...	40	4	...	...	46	8
(*b*) After one or more courses but before completion of treatment for	...	3	...	...	...	...	...	...	...	3
(*c*) After completion of treatment, but before final tests as to cure of	11	3	1	...	20	2	...	...	32	5
4. Number of cases transferred to other Treatment Centres after treatment for	22	3	...	...	20	2	...	...	42	5
5. Number of cases discharged after completion of treatment and observation for	7	2	7	...	37	6	(42)	(8)	93	16
6. Number of cases which, at the end of the year under report, were under treatment or observation for ...	25	13	...	...	25	5	...	...	50	18
Total—Items 3, 4, 5 and 6 ...	71	28	8	...	142	19	42	8	263	55

APPENDIX 40.—VENEREAL DISEASES.

Examination of Pathological Material. Corporation Centre.

	For detection of			For Wassermann Reaction
	Spirochetes	Gonococci	Other organisms	
Specimens which were examined at and by the medical officer of the treatment centre ...	...	96	70	...
Specimens from persons attending at the treatment centre which were sent for examination to an approved laboratory ...	...	...	...	107

APPENDIX 41.—VENEREAL DISEASES.

Attendances at Corporation Clinic.

	Syphilis		Soft Chancre		Gonorrhoea.		Conditions other than Venereal		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Out-patient attendances :— For individual attention by the medical officer...	479	430	67	...	731	184	67	7	1344	621
For intermediate treatment e.g., irrigation, dressings etc.	...	...	...	...	3327	467	...	...	3327	467
Total attendances ...	479	430	67	...	4058	651	67	7	4671	1088
Aggregate number of "in-patient days" of treatment given to persons who were suffering from ...	...	80	...	...	28	159	...	...	28	239

APPENDIX 42

CLASSIFICATION OF AREAS OF PATIENTS TREATED AT CORPORATION VENEREAL CLINIC.

	West Hartlepool	Durham	Foreign	Yorks. N.R.	Scotland	Sheffield	Sunderland	Nottingham	Middlesbrough	Gateshead	London	Bolton	Suffolk	Total
Number of persons from each area dealt with during the year for the first time and found to be suffering from :—														
Syphilis	26	12	17	...	2	...	...	...	...	...	1	1	1	60
Soft Chancre	4	2	1	...	...	...	...	...	...	...	...	...	...	7
Gonorrhoea	62	32	9	...	3	1	1	1	1	1	...	...	...1	112
Conditions other than Venereal	28	19	1	...	...	...	...	...	...	...	...	...	...	48
Totals	120	65	28	...	5	1	1	1	1	1	1	1	2	227
Total number of attendances of all patients residing in each Area	4358	1210	113	11	23	6	1	3	4	4	1	2	23	5759
Aggregate number of "in-patient days" of all patients residing in each area...	128	139	...	...	...	...	...	...	...	...	...	...	...	267
Number of doses of salvarsan substitutes given to patients residing in each area... ...														
1. Out-patient clinic ...	497	187	25	11	8	...	...	...	1	...	...	2	7	737
2. In-patient clinic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

APPENDIX 43.

Venereal Diseases—Salvarsan Substitutes Used.

Centre.	Novarsenobillon		Sulfarsenol
	Initial Dose	Final Dose	
Treatment Centre, West Hartlepool	·3	·75	Occasional doses only
Cameron Hospital, West Hartlepool	·3	·75	...

APPENDIX 44.

IN-DOOR RELIEF.

1. Number of persons admitted to Workhouse :—

	1927	1928	1929
For in-door relief	165	149	104
For medical treatment	810	744	736

2. Number of persons in Workhouse on

1st January

1927	1928	1929	1930
505	510	484	489

(excluding colony patients).

OUT-DOOR RELIEF.

3. Number of new cases applying for out-door relief was :—

	1927	1928	1929
Men	2,817	1,892	1,467
Women	2,550	1,807	1,553
Children	4,879	2,966	2,623
Totals... ...	10,246	6,665	5,643

4. Number of persons receiving out-door relief on

	1st January			
	1927	1928	1929	1930
Men	1,409	981	864	611
Women	1,433	1,149	1,004	868
Children	1,972	1,504	1,292	949
Totals... ...	4,814	3,634	3,160	2,428

5. Number of new cases applying for out-door medical relief only :—

	1927	1928	1929
Men	190	58	34
Women	251	218	210
Children	339	163	319
Totals ...	780	439	563

6. Number of persons receiving out-door medical relief who are also in receipt of out-door relief as shown in paragraph 4 above :—

	1927	1928	1929
Men	12	6	15
Women	26	10	15
Children	25	9	21
Totals ...	63	25	51

APPENDIX 45.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

Tuberculosis	Fees are paid to the Hartlepools Hospital for selected cases.
Maternity	Grantully Maternity Home.
Children	Nil.
Fever	Subsidised—Port Sanitary Hospital.
Smallpox	Agreement with Middlesbrough Corporation for the reception of smallpox cases into their Smallpox Hospital.
Other	Yearly subscriptions are paid to the Cameron and Hartlepools Hospitals.

APPENDIX 46.

HOSPITAL RELIEF—CAMERON HOSPITAL.

		1927	1928	1929
1.	Number of beds available daily	50	50	50
2.	Average number of patients (resident)	44	42	42
3.	Number admitted as in-patients	932	962	962
4.	Average number of days residence per patient	17	17	17
5.	Number of operations (ordinary)	719	870	728
6.	Number of deaths	29	30	43
7.	Number of out-patients	781	725	1254
8.	Number of orthopaedic treatments	6626	7965	7619
9.	Number of Ultra-Violet Radiation Treatments			1306

APPENDIX 47.

GRANTULLY MATERNITY HOME.

Report for the Year ended 31st December 1929.

Number of beds ... 16. Isolation Block ... 2 beds.

1.	Number of cases in home on 1st January, 1929	8
2.	Number of cases admitted during the year	170
3.	Average duration of stay	15days
4.	Number of cases delivered by :—	
	(a) Midwives...	64
	(b) Doctors	106
5.	Number of cases in which medical assistance was sought by the midwife with reasons for requiring assistance	23

(a) Ante-natal	...	3	1 Eclampsia.
			1 Anaemia
			1 Heart.
(b) During labour	...	15	13 Delayed or difficult labour.
			1 Adherent Placenta.
			1 Internal lacerations.
(c) After labour	...	2	2 Ruptured perineums.
(d) For infant	...	3	1 Sickness.
			2 Eyes.

6. Number of cases notified as
   (a) Puerperal Fever... ... ... Nil
   (b) Puerperal Pyrexia 1
   Result of treatment :
   (b) Patient was discharged quite fit and well.

7. Number of cases of Pemphigus Neonatorum 0

8. Number of cases notified as Ophthalmia Neonatorum with result of treatment 1
   Eyes improved. (Child sent to Howbeck).

9. Number of cases of "inflammation of the eyes" however slight 1

10. Number of infants not entirely breast-fed while in the institution stating the reasons why they were not breast-fed ... 0

11. Number of maternal deaths, with causes 1
    1 Eclampsia.

12. Number of foetal deaths :
    (a) Stillborn 5
    (b) Within 10 days of birth 2
    Causes.
    Prematurity. No examinations made.

APPENDIX 48.

LIST OF ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS RELATING TO PUBLIC HEALTH.

Local Act—West Hartlepool Extension and Improvement Act, 1870.

Local Orders.

Bye-Laws regulating :—Slaughter Houses, 1896 and 1920 ; Common Lodging Houses, 1888 ; New Streets and Buildings, 1899 ; Means of Escape in case of Fire (Factory and Workshops) 1914 ; Public Market, 1892 ; Good Rule and Government against Spitting, 1908 ; Sanitary Conveniences, 1909 ; Tents, Vans and Sheds, 1921 ; Houses-let-in-lodgings, 1922 ; Offensive Trades, 1917 ; Fouling of Footways by Dogs, 1928 ; Nursing Homes, 1928 ; Maternity Homes, 1927.

Adoptive Acts.

Infectious Diseases (Notification) Act, 1889 ; Infectious Disease (Prevention) Act, 1890 ; Public Health Acts, Amendment Act, 1890 ; Notification of Births Act, 1907 (adopted 7/1/13) ; Public Health Acts, Amendment Act, 1907, Parts V, VI, and

Sections 16, 18, 19, 20, 22, 25, 26, 27 and 33, comprised in Part II ;

,, 34, 35, 36, 37, 38, 39, 40, 41, 42, 45, 46, 47, 48, 49, 50 and 51, comprised in Part III ;

,, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 65, 66 and 68, comprised in Part IV ;

,, 95, comprised in Part X, came into force on the 8th February, 1909.

,, 86, came into operation 15th June, 1927.

Public Health Act, 1925, Parts II to V inclusive, came into operation on 1/4/26

APPENDIX 49.

Ashpits Abolished.

	Wards								TOTAL
	North	West	Park	SWest	S East	Cntral	NEast	Seat'n	
Ashpits abolished and circular pans provided ...	2	...	2	...	...	...	...	...	4

APPENDIX 50.

SCAVENGING—DISPOSAL OF HOUSE REFUSE.

Refuse Collected and Disposed of.

Year ended 31st December, 1929.	Number of Loads collected.					Number of loads destroyed	
Month	Night	Day	Total	Taken to Farms	Taken to D'str'tor	Sundry	Total including destr'ct'r
January	91	1595	1686	854	832	316	1148
February	80	1402	1482	736	746	256	1002
March	80	1549	1629	749	880	245	1125
April	83	1523	1606	742	864	237	1101
May	88	1524	1612	649	963	270	1233
June	80	1242	1322	591	731	243	974
July	92	1378	1470	655	815	271	1086
August	68	1339	1407	660	747	264	1011
September	84	1258	1342	716	626	236	862
October	92	1433	1525	817	708	290	998
November	84	1491	1575	847	728	269	997
December	74	1636	1710	928	782	302	1084
Totals ...	996	17370	18366	8944	9422	3199	12621

APPENDIX 51.

SANITARY INSPECTION OF THE DISTRICT.

Inspections were made as follows :—

19 visits under Housing Acts.
21 ,, ,, Merchandise Marks Acts.
4472 ,, to dwelling houses, shops and other premises.
8 ,, Ice cream shops.
99 ,, factories and workshops.
2 ,, bakehouses.
44 houses-let-in-lodgings.
61 ,, common lodging houses.
73 ,, dairies, cowsheds and milkshops.
236 fish, fruit and meat shops.
230 abattoir.
251 cases of infectious disease.
39 ,, homes of mental defectives.
340 complaints attended to.
10 drains tested with smoke.
10 ,, examined.
1288 Informal notices served.
465 Statutory notices served.

APPENDIX 52.

Defects or nuisances discovered and dealt with are given below :—

	NUMBER REPORTED
Drains not properly trapped	12
,, defective	13
,, stopped	98
Dirty dwelling	6
,, workshops	3
Defective yard pavements	56
,, spouts and fallpipes	196
,, dwelling house roofs	102
,, urinals	3
Dilapidated dwellings	3
Abate overcrowding	8
Houses unfit for habitation	2

Cleanse and repair bakehouses	2
Defective water-closets	252
,, ashpits	33
Provide additional water-closets	5
Accumulations of mature	10
Cleansing of pig styes	4
Animals improperly kept	13
Defective or absent dust-bins	603
,, ,, ash-closet doors	191
Dirty rain water wells and defective pumps	75
Accumulations of offensive stagnant water	4
No supply of drinking water	68
Tents, vans and sheds	5
Other nuisances	660
Total ...	2463

APPENDIX 53.

PUBLIC ABATTOIR.

Animals Slaughtered at Abattoir.

YEAR	BEASTS	SHEEP	CALVES	PIGS	TOTAL
1922	2986	9371	239	5868	18,464
1923	2924	8165	401	5186	16,676
1924	3074	8195	338	7054	18,661
1925	3340	8665	331	7694	20,030
1926	3245	9302	277	5237	18,061
1927	3333	10984	305	5917	20,539
1928	3518	11028	452	7636	22,634
1929	3670	9919	481	7089	21,159

APPENDIX 54.

TUBERCULOSIS IN ANIMALS.

Slaughtered at Abattoir.

Animal	No. totally condemned	No. partially condemned
Cows	21 ...	48
Heifers and Bullocks	3 ...	18
Pigs	8 ...	15
Totals	32 ...	81

APPENDIX 55.

CARCASES DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.

BEEF		MUTTON		VEAL		PORK	
Disease	No.	Disease	No.	Disease	No.	Disease	No.
Extensively Bruised ...	1	Injury (Worried)	1	Peritonitis...	1	Swine Fever	1
						Dead in Truck ...	1
Total ...	1	Total ...	1	Total ...	1	Total ...	2

APPENDIX 56.—ORGANS AND PARTS OF CARCASES DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.

Disease	Part of carcase & all offal	Part of carcase & part of offal	Livers	Lungs	Udders	Kidneys	Skirt
Actinomycosis	...	1	...	...	...	...	...
Pleurisy	4	...	...	3	...	2	3
Cirrhosis	...	...	1	...	...	...	...
Mammitis	...	...	...	...	31	...	...
Decomposed	...	3	1	3	1	...	...
Flukes	...	...	575	24	...	...	...
Cysts	...	...	3	11	...	...	...
Abscesses	2	1	13	...	...	1	2
Inflammatory Conditions	...	...	69	87	...	...	...
Injury	1	1	...	...	1	...	...
Totals	7	6	662	128	33	3	5

APPENDIX 57.—FOOD SURRENDERED AND DESTROYED.

18 tons Corned Beef.
93½ lbs. Frozen Beef.
7 tins Tongue.
3 tins Brawn.
78 tins Fruit.
85 tins Milk.
2 tins Fish.
6 stone Fish.

APPENDIX 58.

PUBLIC HEALTH (Preservatives, etc., in Food) REGULATIONS, 1925, 1926 and 1927.

Report for the year ending 31st December, 1929.

1. Milk and Cream not sold as preserved cream.

	Number of samples examined for the presence of preservative. (a)	Number in which preservative was reported to be present and percentage of preservative found in each sample. (b)
Milk	61	Nil.
Cream	5	Nil.

Nature of preservative in each case in column (b) and action taken under the regulations in regard to it... ... ... Nil.

2. Cream sold as preserved Cream :—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(1) Correct statements made ... ... Nil.
(2) Statements incorrect ... ... Nil.

Total Nil.

(3) Percentage of preservative found in each sample ... Nil.
(4) Percentage stated on Statutory label ... ... Nil.

(b) Determinations made of milk fat in cream sold as preserved cream :—

(1) Above 35 per cent ... ...
(2) Below 35 per cent ... ...

(c) Instances where (apart from analysis) the requirements as to labelling or declarations of preserved cream in article V (1) and the proviso in article V (2) of the regulations have not been observed ... Nil.

(d) Particulars of each case in which the requirements have not been complied with, and action taken ... ... Nil.

3. Thickening substances :—

Any evidence of their addition to cream or preserved cream ... } Nil.
Action taken where found ... ... }

APPENDIX 59.

SALE OF FOOD AND DRUGS ACTS—ADULTERATED SAMPLES—ACTION TAKEN.

Article Purchased	Number Analysed	Formal Samples	Informal Samples	Number Genuine	Number Adulterated.	No. of Sample	Nature of Adulteration	Remarks and Action Taken
Milk	61	61	...	41	20	441	Below standard in non-fatty solids	No action taken
						442	Deficient in fat	do.
						453	Deficient in fat	do.
						462	Below standard in non-fatty solids	do.
						468	Below standard in non-fatty solids	do.
						470	Below standard in non-fatty solids	do.
						477	Below standard in non-fatty solids	do.
						478	Below standard in non-fatty solids	do.
						485	Deficient in fat	do.
						488	Below standard in non-fatty solids	do.
						495	Deficient in fat	do.
						502	Below standard in non-fatty solids	do.
						503	Below standard in non-fatty solids	do.
						504	Below standard in non-fatty solids	do.
						506	Below standard in non-fatty solids	do.
						507	Below standard in non-fatty solids	do.
						519	Below standard in non-fatty solids	do.
						527	Deficient in fat	do.
						531	Below standard in non-fatty solids	do.
						532	Below standard in non-fatty solids	do.
Condensed Milk	3	...	3	3	...		...	...
Cream	5	4	1	5	...	...	...	...
Ice Cream	2	2	...	2	...	...	...	...
Coconut Cream	1	...	1	1	...	...	...	...
Butter	13	9	4	13	...	...	...	...
Margarine	2	2	...	2	...	...	...	...
Lard	4	4	...	4	...	...	...	...
Dripping	1	1	...	...	1	566	100% Vegetable Fat	do.
Cheshire Cheese	1	1	...	1	...	...	...	...
Strawberry Jam	1	1	...	1	...	...	...	...
Mincemeat	1	1	...	1	...	...	...	...
Potted Meat	2	2	...	2	...	...	...	...
Peas	2	...	2	2	...	...	...	...
Chutney Sauce	1	...	1	1	...	...	...	...
Mustard	1	1	...	1	...	...	...	...
Tea	4	2	2	4	...	...	...	...
Coffee and Chickory	1	1	...	1	...	...	...	...
Cocoa	1	1	...	1	...	...	...	...
Ground Ginger	1	1	...	1	...	...	...	...
Cream of Tartar	2	2	...	2	...	...	...	...
Camphorated Oil	2	2	...	2	...	...	...	...
Syrup of Figs	1	1	...	1	...	...	...	...
Blood Mixture	1	1	...	1	...	...	...	...
Ground Almonds	1	1	...	1	...	...	...	...
Rice	1	1	...	1	...	...	...	...
Bun Flour	1	1	...	1	...	...	...	...
Icing Sugar	2	...	2	2	...	...	...	...
Chocolate Candies	1	1	...	1	...	...	...	...
Sweets	1	...	1	1	...	...	...	...
Chocolate Roll	1	1	...	1	...	...	...	...
Bread	1	...	1	1	...	...	...	...
Yeast	1	1	...	1	...	...	...	...
Baking Powder	1	1	...	1	...	...	...	...
Sausage	3	3	...	3	...	...	...	...
Beef Sausage	2	2	...	2	...	...	...	...
Beer	1	...	1	1	...	...	...	...
Brandy	2	2	...	2	...	...	...	...
Whisky	2	2	...	2	...	...	...	...
Gin	2	2	...	2	...	...	...	...
Rum	2	2	...	2	...	...	...	...
Totals	139	120	19	118	21	...		

APPENDIX 60.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Bacteriological Examination of Milk samples to determine the presence of Tubercle Bacilli.

No. of samples	Source	Result	Action taken
2	Local Supply	Positive	Local Veterinary Surgeon notified.
4	Supply from outside Borough	Positive	Responsible Authority notified.
30	do.	Negative	Nil.
1	do.		Nil.

APPENDIX 61.—TUBERCULOSIS ORDER, 1925.

Animals Notified	Result of Post-Mortem	Agreed Value of Animal	Compensation paid to Owners.
		£ s. d.	£ s. d.
1	Advanced Tuberculosis	15 0 0	3 15 0

APPENDIX 62.

DOMESTIC OR HARD WATER SUPPLY.

SAMPLE NO. 604.	PARTS PER 100,000
Chlorine as Chlorides	12·6500
Nitrogen as Nitrates	·1538
Ammonia...	·0037
Albuminoid Ammonia	·0026
Oxygen Absorption	·0197
Injurious Metals	None
Total Solid Matter dried @ 100 C	88·0000
Temporary Hardness 19·00 Degrees	
Permanent Hardness 19·80 Degrees	
Colour of Water on Hazen Scale	0 (Colourless)
Appearance of Water in 2 foot tube	Clear
Odour when heated to 50 Degrees C	None

APPENDIX 63.

PREMISES CONTROLLED BY BYE-LAWS.

	NUMBER.
Fried Fish Dealers	66
Marine Stores	6
Gut Scrapers	2
Tripe Boilers	3
Tallow Melters	5
Bone Boilers	1
Common Lodging Houses	11
Registered Houses-let-in-lodgings	37
Cowsheds and Retail Purveyors of Milk	54
Slaughter Houses	1

APPENDIX 64.

COMMON LODGING HOUSES.

Situation	Registered No. of lodgers.	No. of rooms.
18, Rokeby Street	18	6
138, Burbank Street	35	9
23, St. John Street	18	5
7, Tennant Street	30	8
3, Redworth Street	17	3
16, Mainsforth Terrace	56	23
2, Edward Street	22	4
29, George Street	11	3
26, George Street	6	2
15, Mainsforth Terrace	20	7
5, South Street	14	5
Totals	247	75

APPENDIX 65.

DISINFECTION, 1929.

Number of rooms sprayed and fumigated	520

Tuberculosis	111
Fever	276
Vermin	35
Institutions	25
Other	73

Number of articles disinfected by steam	6649

Beds and Mattresses	479
Pillows and Bolsters	1027
Carpets and rugs	515
Articles of clothing	1180
Sheets, blankets and quilts	2134
Sundry articles	1314

Number of articles destroyed by consent of owner	217
Number of houses disinfected	434

APPENDIX 66.

Annual Report of the Medical Officer of Health for the year 1929, for the County Borough of West Hartlepool on the administration of the Factory and Workshop Act, 1901, in connection with

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections (2)	Written notices (3)	Occupiers Prosecuted (4)
Factories ... ... Including Factory Laundries	18	2	...
Workshops ... ... Including Workshop Laundries	72	9	...
Workplaces ... ... Other than Outworkers' Premises	9	2	...
Totals	99	13	...

2.—Defects found in Factories, Workshops and Workplaces.

PARTICULARS. (1)	Number of defects.			Number of offences in respect of which prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	10	9	...	...
Want of ventilation	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	...	...	...	...
Other nuisances	10	10	...	...
Sanitary accommodation — insufficient	...	...	...	...
Sanitary accommodation — unsuitable or defective ...	3	3	...	...
Sanitary accommodation — not separate for sexes ...	...	...	...	...
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Other offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	...	...	...	...
Totals	23	22	...	...

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.

APPENDIX 67.

HOUSING.

Number of new houses erected during the year :—

(a) Total (including number given separately under (b)		98
(b) With State assistance under the Housing Acts :—		
(1) By the Local Authority	10	
(2) By other bodies or persons	55	
(c) By other bodies or persons without state assistance	33	
	—	98

1. Unfit Dwelling Houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)...	1539
(2) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	301
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	46
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation...	1247

2. Remedy of Defects without service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers ...	793

3. Action under Statutory Powers.

A. Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs 46

(2) Number of dwelling houses which were rendered fit after service of formal notices :—

(a) by owners 40

(b) by Local Authority in default of owners 1

(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close... 1

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 465

(2) Number of dwelling houses in which defects were remedied after service of formal notice :—

(a) by owners 437
(b) by Local Authority in default of owners 28

C. Proceedings under sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of representations made with a view to the making of closing orders 3
(2) Number of dwelling houses in respect of which closing orders were made 3
(3) Number of dwelling houses in respect of which closing orders were determined, the dwelling houses having been rendered fit 0
(4) Number of dwelling houses in respect of which demolition orders were made 0
(5) Number of dwelling houses demolished in pursuance of demolition orders 0
(6) Number of houses demolished voluntarily by owners ... 3

APPENDIX 68.

LABORATORY WORK, 1929.

SPECIMENS EXAMINED

			Dispensary	For Medical Practitioners.	Total
Sputum	T.B. + 123		231	292	523
	T.B. — 400				
Swabs ...	Diphtheria + 148				603
	,, — 455				
Gonococcus			107	96	11	107
Urines			70	70	...	70
Hair			59	54	5	59
Water			1	...	...	1
					Total	1363

APPENDIX 69.

PROSECUTIONS, 1929.

Date	Nature of Offence	Fines £ s. d.	Costs £ s. d.	Remarks
——	NIL	——	——	——